ARCADA

Legitimacy of grief:

Fathers' experience of suffering after pregnancy

loss in cultural context.

A Literature review

Donald Eboru

DEGREE THESIS	
Arcada	
Degree Programme:	Nursing
Identification number:	15695
Author:	Donald Eboru
Title:	Legitimacy of grief: Fathers' experience of suffering after pregnancy loss in cultural context. A Literature review
Supervisor (Arcada):	Pamela Gray
Commissioned by:	Arcada uas: Department of Nursing

Abstract:

Background: Presently, the role of men in the timeline of a pregnancy through labor to delivery and finally to childhood is constantly evolving, for the past five and a half decades fathers have been given the opportunity to bear witness the birth of their babies due to the development of maternity care and technology. This has created a deeper connection and attachment for both fathers and their unborn babies and when pregnancy loss occurs there is a silent sense of grief which is suffered by fathers that is unknown. With regards to this study, the aims were to identify (1*) Do fathers experience suffering after a perinatal loss?* (2) *What are the types of suffering do they go through?* (3) *To identify the kind of support men, receive during or after a pregnancy loss?* Two theoretical frame-works were selected from the caring science Katie Eriksson's theory of "The suffering human being" to pinpoint that everybody experiences suffering as grief especially during the loss and nursing science Madeleine Leininger's "Culture Care Diversity and Universality" theory to pinpoint that people from different cultures express suffering or loss differently and are bonded by values and believes. Finally, the application of findings in nursing was derived from the research questions and aims of this study to help nurses identify, provide better care and continuous support for fathers.

Method: To attain this, seventeen (17) articles were selected from various databases. A thematic analytic method was used to examine data. The method was applied due to its flexibility, which could be used for quantitative and qualitative data allowing a resourceful approach.

Findings: Findings from this study indicated, that Fathers do experience suffering after perinatal loss and are disenfranchised of grief due to various factors. These factors lead to an increase in the sufferings fathers by influencing their emotional, physical and psychological well-being, creating disparities between father and mother which went unnoticed. Also, this study has shown that fathers experienced support from different sources which either affected fathers both positively and negatively resulting in the alleviation of suffering or the increase of suffering and facilitation the grieving experience.

Conclusion: In conclusion, nurses could do more by recognizing fathers and taking them into account that they should be included into bereavement care plan, Finally nurses could engage fathers through recovery programs, engaging them culturally and educationally.

Keywords:	Perinatal loss, Pregnancy loss, Stillbirth, Grief, Suffering, Culture, Disenfranchisement, Ultrasound, Stoicism.
Number of pages:	71 + 11 Appendices
Language:	English
Date of acceptance:	

FOREWORD

"To weep is to Make Less the Depth of Grief."

William Shakespeare

Dedicated to my lovely kids *Uloma, Angel, Uche, and Chimamanda who mean the world to me*

Table of Contents

List of Abbreviations

DMP - Dual-Process Model

PTSD – Post Traumatic Stress Disorder

THL – Terveyden Ja Hyvinvoinnin Latitos

UNESCO - United Nations Educational, Scientific and Cultural Organization.

WHO – World Health Organization

1   INTRODUCTION

In the lifetime of a woman, pregnancy is normally related to excitement and joy in the prospect of a new life brought into the world. The term 'Pregnancy' links to a magical experience and images of smiling babies and the glow of a pregnant woman. This symbolizes hope for a future, joy, dreams and possibly the next step in the circle of life parenthood. For many, this represents a lifelong goal waiting to be fulfilled.   In the world today, statistics have shown that an estimation of 4 million babies born yearly will die within the first weeks of life of which 2.7 million will result to early neonatal death and an estimated 3.3 million infants are stillborn. These figures represent 98% of deaths in the developing world (WHO report, 2015).

Finland

Finland's maternity and child health clinic system is seen as one of the best in the world. This system plays an important and vital role in delivering advice and the support for new mothers and families, by providing early vaccination, diagnostic of illness and detecting disabilities as early as possible. This is comparatively appreciative of the preventative and advisory methodology in the planning of healthcare delivering, making infant mortality rates in Finland amongst the lowest in the world (finlandcare.fi). Statistics report of 2016 stated that there was 52,870 parturient with a mean age of 32.7 years, which amongst the 1.6% were women <20 and 22% were women >35years of age. The total number of births recorded was 53,614 of 22.5% were miscarriages 12.6% were induced abortion 1.7% were extrauterine pregnancy (ectopic), 161 = 3.0 per 1000 births were stillbirth, 58 = 1.1 per 1000 died within 7 days and 219 = 4.1 per 1000 were perinatal mortality (THL.fi, 2018).

The Loss of a child interrupts one of the most vital, unifying scripts of human life, that no parents should ever have to bury their own children (Davies, 2004). The death of an unborn or newly born infant presents a unique encounter for grieving academics researchers, regardless of the devastating emotional and interpersonal impacts of perinatal loss on grieving parents, the medical communal have conventionally regarded pregnancy and premature infant loss as an illegitimate form of loss.

Nevertheless, research programs in the healthcare were nursing and social work have instigated to acknowledge the theoretically distressing nature of perinatal loss on grieving parents. Within the field of psychology, researchers are also paying a closer attention to parents who have experienced perinatal loss and are going through the grieving processes (Umphrey & Cacciatore, 2011). The effects and impact of perinatal loss on fathers' or on men, in general, have been mostly ignored in academic studies. The death of a baby, before delivery or first few days of life, could be a devastating period for fathers, very frequently the world surrounding them tends to overlook their loss, emotion, cultural rites and the need for support which are customarily accessible to other grieving individuals other than men. Earlier studies have revealed that fathers or men are likely to be emotionally strong to support their wives or partners. Most studies have highlighted the awareness that fathers playing a supportive and caring responsibility in pregnancy loss is one-sided, to such an extent disregards the genuine life experiences of the fathers, and sense of attachment toward their loss, which secludes their emotional misfortune that is affected by restricted support obtainable.

First, this study reflects on grief as a form of suffering according to Katie Eriksson who explains in her work that suffering is not all about physical pain but also emotional pain. Secondly, Madeleine Leininger explained that culture and suffering are interrelated, culture is known to have a strong influence on the way individuals precise and respond to suffering and grief. There is a greater need for the healthcare workers in the area of care, who are at the front line to support couples to also acknowledge the fathers' grief as a convincing response to the grief suffered.

What is present now, is that there is a significantly large volume of studies specifying on the wellbeing outcomes of women's experiences of pregnancy loss in their reproductive years and a low volume of studies on men. This is to contribute to the body of knowledge in this area of men experience in perinatal loss research, the aims of the researcher were to review empirical studies to provide a better understanding of. Do father experience suffering during a perinatal loss? Secondly, what kind of suffering do they go through and finally do the mother and father receive equal care support from the medical team during the perinatal loss. Even if the area of focus is on men, it is important to shed light on the women and their relationship with their partner during this period of loss.

2 BACKGROUND

2.1 The significance of understanding men's suffering in grief

Men's expression of grief has often been seen and treated differently from women. The response from family, close friends, and work colleagues in reaction to the loss tend to be focused on the women's welfare, considering the societal belief that men are the support pillars or strongest between both sexes (Versalle & McDowell, 2005). In North American society and in most European society have long adopted the cultural belief in society that the expectations of men to be courageous, have self-discipline, remain rational in thinking, able to suffer pain and be a breadwinner (Versalle & McDowell, 2005). This suggestion on the expectation of men does not come surprisingly when it comes to the circumstances of the loss. Men are seen to be confined within the social beliefs and grieving fathers are more likely to be uncomfortable to openly express themselves by not losing control, express anxiety, openly crying and showing vulnerability during pregnancy loss.

Presently, the role of fatherhood in the timeline of pregnancy through labor to delivery and finally to childhood is constantly evolved, for the past five and a half decades fathers have been given the opportunity to bear witness the birth of their babies (Johnson, 2002). Previous childbirth was an enduring moment for women under the supervision and familiar women from the extended family or close friends who would assist as midwives and in these rituals of giving birth men were keep out from this practice (Johnson, 2002), in some cultures and religion of the world it is seen as a taboo for men to be present.

Currently, it is more important for fathers to be part of all the aspects of pregnancy from the moment of conception to sharing the news through pregnancy test sticks, visit the maternity clinic, attending maternity appointment, ultrasound appointments and finally participating in the labor and childbirth. During the timeline of the pregnancy, fathers who were present developed a deeper connection with their baby compared to those who were not present. Further research has indicated that fathers' who participated during the time of pregnancy to the delivery had an explicit influence on the wellbeing of the mothers, fathers, and family in whole (Plantin, Olukoya & Ny, 2011).

Finally, the misconceptions and societal beliefs on how men should express grief points to the notion that in dealing grief speedily is to support their partners, and this misconception may give rise to several psychological and relationship difficulties (Hutti et. al. 2015).

2.1.1 **Perinatal Bereavement and Perinatal Loss**

Perinatal loss which is represented by the following events such as stillbirth, miscarriage or neonatal death often involves complications that are not usually common to all other forms of parental grief. At the other hand that death of a child during early childhood to adulthood of the age range (2-18) could be classified socially as preservation aides-memories and grieving rituals of the child's life, while perinatal death involves a much more uncertain process of grieving (Lang et. al. 2011). Many perinatally bereaved couples' questions themselves in their thought process contemplate with themselves as "parents", how they intend to remember the deceased baby, how to channel the feelings and emotions through discussions for others who may not understand or recognize the impact of the loss has on them (Umphrey & Cacciatore, 2011). Conceivably it more important for bereaved couples to often convey their diverse experiences of grief following perinatal loss, compelling the process of communicating their grief in a stimulating effort (Lang et al. 2011). The experience and expression of perinatal loss are related to both emotional and physical outcomes and the nature of these manifestations vary across gender. During this period of loss, mothers have been reported to display longer and higher intense grief than their male partners (Barr, 2004), this high intense grief is often related more shame and guilt for the loss of her child (Barr & Cacciatore, 2007). Furthermore, grieving fathers or men are less probable to discuss or display emotions of loss and are likely to use reasoning as a strategy to cope with the loss. This discrepancy in coping can lead to sensitive distress, problems in communication and decreased sexual fulfillment following their child's death (Lang et. al. 2011).

While perinatal loss in most observed study of perinatal grief has been confused by the uncertain use of the definition of perinatal loss (Wright, 2011). Most researchers in the medical and psychological field have established different levels of comprehensiveness as to which pregnancy conclusion should be considered within the idea of perinatal death, although there might be defining opinions, they show similarities.

The diversity of individuals and environmental factors could also affect the grieving process of couples experiencing perinatal loss, each couple goes through grief after the loss of their infant in their own unique way. Nevertheless, the way couples express their state of grief may be affected by an outside influence. Cultural customs, society norms and beliefs play a vital role in which grieving couples follow through in their grief state (Alves et. al 2012). Unfortunately, the perinatal loss is as less unembellished compared to the loss of older kids and adults as seen by society, therefore creating a challenging atmosphere for couples expressing their own feelings of grief. The absence of justification of loss could contribute to communication barrier between couples and may be linked to unhealthy coping (Lang et. al. 2011). Finally, when it comes to viewing the gender stereotypes with regards to the exact expression or response to loss, there is a diversity of cultural belief in our society about grieving. It is significant to identify that these stereotypes of gender may have contributed to the lack of services offered to grieved fathers were little or not present.

Miscarriage, Stillbirth and Neonatal death

Miscarriage occurrence is frequent in pregnancies, varying on the definition of miscarriage, between 15% and 50% of all pregnancies end up in miscarriage indicated by (Nathaniel et. al. 2018). Miscarriage can be defined as the loss pregnancy which occurs at week 12 of the gestational circle, however, other researchers propose that miscarriage could apply to pregnancies till weeks 24 and when pregnancies attain this point it is deemed feasible (Nathaniel et. al. 2018). *Stillbirth refers to the* death of a baby after 20 weeks of gestation, in this case, death occurs with a birth weight of over 500g. While the *Neonatal death* of the baby occurs between births till 4 weeks of postnatal life. These situations, the fetus has either died before or during the course labor and it is often suddenly or after an uncomplicated gestational period of the pregnancy (WHO report, 2015).

It is important to mention, that all types of perinatal loss mention in the study are inadvertent pregnancy loss or infant deaths and the focus of this study is on grieving couples "*Fathers*" who have encountered perinatal loss that occurred unforeseen. Premeditated pregnancies are not included.

2.2 Grief

Grief in contrast to loss is a term envisioned to reflect the experiences on the departing of a loved one following his or her death. According to Attig (2004), who explained that experience of grief comprises of numerous dimensions which include the following emotional, physical, interactive, social, cognitive and spiritual encounters that are experienced by the loved ones of departed individuals as a result of their death.

Loss, Mourning and Disenfranchised

The word *loss* is also described as death, it does not imply to emotional, physical or spiritual response but it signifies the actual outcome of the death itself when a child passes on (Attig, 2004). Also, the loss could be categorized into two the symbolic and physical forms of loss, were the symbolic related to the intangible, this is rarely recognized by other individuals and physical which are recognized by other individuals are tangible (Rando, 1993). *Mourning* is also a public or cultural demonstration of grief and a progression through which an individual resolves grief can be accomplished (Rando, 1993). *Disenfranchised* grief signifies to grieving experience as an individual who has suffered loss, which could not be unambiguously recognized, openly grieved or informally supported (Doka 1989, 2002 as cited in Judith & Carolyn (2016). Disenfranchised grief derives as a result of ending the feeling rules or living in a period when feeling rules are not recognized or are discrepant (Judith & Carolyn, 2016). The absence of norms may leave the griever ambiguous about being "permitted" to feel sad about their loss and not identify by their social peers. This may further leave grievers to question if they are allowed to call the experience a loss.

2.2.1 Three phases of grief and mourning

Avoidance or protest

Avoidance or protect is the period when the information of death has been primarily received and the time momentarily afterward. Usually, this lasts for few hours to quite a few days and it is demonstrated by a comprehensible desire to avert the shocking acknowledgment that their loved one is no more. By desperately attempting to establish

their relationship with the deceased individual. During this period anger and aggression are commonly observed during the preliminary phase of mourning and this may be directed towards oneself or health care workers, for failing to do something to prevent the loss (Rando, 1993).

Confrontation and disorganization

During this phase grief is experienced intensely the most with the critical reactions to loss, the core phase is painful, and the griever is confronted by the reality of the loss and grips its meaning. Most of the attribute featured in this phase is absentmindedness of the griever, with thoughts of the deceased, trying to relive the relationship with the one that they have lost. Memories are unpleasant and painful but are necessary to help the griever give up their attachment (Rando, 1993).

Accommodation or reorganization

At this phase there is a gradual regression in the symptoms of severe grief, this leads to the commencing of an emotional and social reinvestment in the world. Although the loss has not been forgotten, but grievers learns to live with the understanding of death and its effects in a way that does not prevent a healthy and life-affirming growth (Rando, 1993).

General conceptualization of grief

Analyzing using Rondo six process of grief, clearly indicates the obstacles grieving parent go through after their loss.

Recognition of their loss is difficult, for the reason that it disrupts their basic purpose as parents and defies the challenges of nature. Societal denial of the loss exists, besides the loss of the child, with no vivid absence is apparent to indicate the loss. This caused difficulty to internalize the reality that the death of their baby has really occurred.

Reacting to the disconnection from their baby is also difficult for grieving parents.

Recollecting and **re-experiencing** the loss of the child.

Relinquishing connection to the deceased fetus or child is a difficult process.

Readjusting or *relearning* the new world without neglecting the loss of the child, this may come difficult for parent developing a new relationship with their loss child.

Reinvesting in a similar relationship becomes more difficult and practicable when the relationship has to do with a spouse, peer than the relationship with a child (mentalhelp.net).

Elizabeth Kubler-Ross's five stage of grief is one of the most informal models of loss expression, these five stages in consist of denial, anger, bargaining, depressing and acceptance. Although it is not supported by most research, only a few elements can be found in perinatal loss. However, it often applied to anticipate or unforeseen loss. Denial and Isolation are categorized as a feeling of shock and impassiveness, which acts as a barrier to the news. Anger set in next as it appears as irrational and is often projected on health worker. Bargaining begins but is this is short-lived and focuses on bargains with a higher power. Depression set in when all other elements have died down, lastly, acceptance of death is a reality (psycom.net).

2.2.2   Theoretical models of perinatal grief

Over the past century, the psychological notion of grief has experienced many changes. During these changes, medical workers and researchers have come to new understandings of how the grieving process works and different emphasis as far as "*successful grieving*" is concerned (Davies, 2004).

Most present-day models of grief acknowledge that mourning requires an individual to relearn or recreate how they understand themselves and what their relationship is to the deceased (Gillies & Neimeyer, 2006; Stroebe & Schut, 2001). In addition, many of the models consider the relational and cultural context in which an individual reconstructs their world (Davies, 2004).

Psychoanalysis

The earliest model of grief dates back to Sigmund Freud, who proposed the notion of "*grief work*". Freud argued that the grieving has cut emotional ties to the deceased in order to mourn successfully. This process is called "*decathexis*" (Lindemann, 1944 cited in Davies, 2004). The model Freud and Lindemann proposed do not relate well to the experiences of parents who have a traumatic perinatal loss. The psychoanalytic idea of perinatal loss does not consider the active and conscious processes of mourning. For instance, parents might continually search for their deceased child (Brownlee & Oikonen, 2004).

Continuing bonds

This is a new concept in theoretical grieving, which rejects the notion of breaching bonds with the deceased as an aim of resolving grief. This forms a fundamental role in most of the traditional models, it establishes a vital model shift within most grieving literature that argues on the experience of continuous bonding with the baby that could signify an adaptive and hypothetically healthy ritual of grieving. This created an alternative, focuses on the grieved parents, were klass was of the view of emphasizing on the concept of continuous bonding with the baby which allowed parents to be able to reconstruct their relationship with the baby, both in their inner and social world. The foundation of Klass's effort was of the notion that grieving occurs within the context of ethnic, social and religion. (Klass, 1993 cited in Davies, 2014).

Coping and cognitive stress

The cognitive model is based (Lazarus & Folkman (1984) cited in Lazarus et. al. 1986) research, which the individual and environment are observed as being in an active, shared mutual, bifacial relationship. This suggested, that an individual applies different views and behaviors in order to manage the interior and exterior demands that threaten their values and overshadow their ability to cope with stressors. There are two main utilities: which are identifying the cause of distress (**Problem-focused coping**) which covers influential strategies used to alter the source of the stressor. i.e. (forms of coping comprise of aggressive relational efforts to change the circumstances, rational and thoughtful on efforts to solve the problem). The normalizing emotion (**Emotional focused coping**) involves an individual who is able to manage the demonstrative response to a stressor, this becomes predominantly applicable in the instance anywhere the cause of stressor cannot be changed. i.e. (forms of coping comprise of Isolation, self-control, looking for social support, positive reconsideration, and evasion). Finally, emotional or problem-focused coping approaches are put to use by an individual to reduce pending threats (Lazarus & Folkman, 1984) as cited in Lazarus et. al. 1986).

2.2.3   *Integrative models of bereavement*

The contemporary conception of grieving has been extracted from various theoretic models and clinical knowledge to establish an integrative background of bereavement.

These frameworks and all-inclusive models of grief and are acknowledged in the multidimensional and active nature of grieving.

Dual-process model

Dual-process model (DPM) is considered one of the most important models of grieving and was developed by Stroebe and Schut. It combines the attachment theory and stress and coping theory. According to DPM, how an individual feels and responds after suffering a loss depends on the meaning that is given to the loss. There is loss-oriented coping and restoration-oriented coping. The first one refers to grief work and the second one refers to new abilities and identities that the individual develop.

For grieving to be successful, individuals that are in the state of grief have to oscillate between coping coordination over time giving to the circumstance of their loss. Furthermore, confrontation and avoidance must be rotated between both by grieving individuals, which is a form of coping with positive and negative evaluations of the outcomes encompassing their loss. As a result, both categories of stressor which are the loss orientation and restoration-orientation stress, that are associated with loss, allowing them to maintain a committed focus towards the future (Stroebe & Schut, 2001).

The loss orientation is the stressors which come from an individual focusing at and deals with more or less aspect of their loss experiences, predominantly in regard to the dead. This concept falls within the dimension of traditional models that focus on the connection and bond and involves cogitation with the deceased. It also involves a longing for the loss of a loved one, by observing the photograph. Restoration-oriented, on the other part, deals with the minor sources of stress and coping. The grieving individual adjusts to these stressors in order to create a new meaning and capability, which are secondary to their loss itself as a formation of a new identity for themselves. Also, there is no definite roadmap for steering these two cores of coping (Stroebe & Schut, 2001).
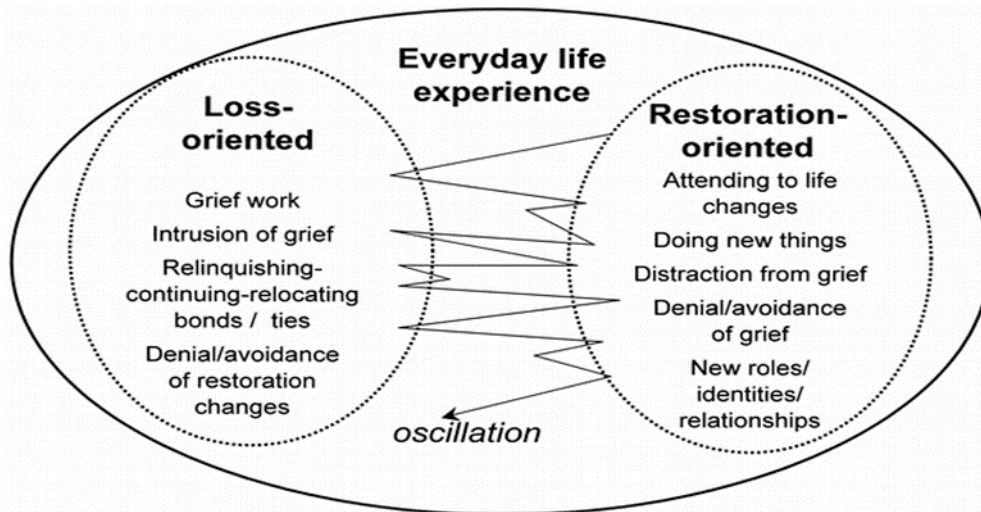
Figure 1. The Dual Process Model, Dynamic Oscillation source: researchgate.net

Finally, it is more important to understand that oscillation is perceived as adaptive, this is seen as a significant distinction in addressing DPM. Furthermore, Strobe and Schut further stated that the dynamic process of oscillation between loss and restoration-oriented coping provides a more lively and dynamic understanding of adaptation by the grieving individual. Therefore, it creates a better therapeutic possibility which allows for the progressions of human experience. This can be seen from the diagram above in figure 1.

Meaning - Reconstruction

This model comprehensibly incorporates elements of stress and coping, attachment, dual-process and constructive models into a single and all-inclusive model of grieving. The experience of loss triggers a constant search for meaning, which is the central proposal of the model. Also, this puts together a new reality in which the individual overcomes loss and the opinions of themselves change forever (Gillies & Neimeyer, 2006). Comprehending with their loss, grieving individual weigh up their loss by suiting it with or inspiring the meaning structure of their loss with (i.e., a contrasting view of the world, spirituality/faith, viewing the future and self-awareness) and when these structures are confronted, the griever will experience intensified suffering stimulating a seek out new meaning. Finally, during the reconstructing meaning process, grieving individuals participate in three tasks which are mainly: significance, further findings and identity modification (Gillies & Neimeyer, 2006).

2.3 GRIEF AND CULTURE

Care in perinatal bereavement occurs within the cultural context, if not recognized, may hinder effective and sensitive care. The role of culture is highly significant in the way an individual understands and respond to grief and loss, it is an instrumental factor in an individual's ability to cope with loss and turn out to be resilient even in the time of loss. Grief and loss is an experience, which every individual in the world shares, it culturally rooted and understood according to its beliefs, traditions and cultural norms (Anderson, 2010).

On the other hand, an individual is being continuously shaped by culture as well as the individual is also shaping culture. Cowles (1996) sited that during an investigation on the notion of how grief and culture interrelate, that the individual experiences grief according to their individual personal uniqueness. There are different pathways in which death is been perceived across the cultural lens, that has a major influence on the way death is been understood and reacted too, depending on how an individual die or the loss a loved one, culture or regional will shaping the grieving process (Anderson, 2010). Beginning the perspective from the macro-cultural point of view, there are specific elements which are a universality to the human experience, such as the drive to reproduce, search for food, set up shelter and to establish social networks. Birth of a child is celebrated, and death is grieved and the recognition of the death of a baby as predominantly tragic. However, microculture implies patterns which are of shared behavior learned in groups by location, ethnicity, age, gender, nationality, religion amongst many other.

The Hispanic culture consists of all Latin America countries and part of the United States which share the same culture. The expression of grief is widely encouraged by family and friends, for couples to be able to express themselves outwardly. For example, crying is seen as a healthy response emotionally to loss. Also putting into account that spirituality plays an important role in the culture, couples or families may have a continuous relationship with the infant (Claudia & Karen, 2010). Religion and family culture play a vital part in the recovery journey of an African during the grief period. The expression of grief may appear enduring and unpretentious about their loss but in time they begin to express their feeling if there is an opportunity to share an interactive moment with someone who is sensitive or shares the same culture (Karen & Patricia 2005).

Every single culture has its own unique approach or reaction to grief and loss, every cultural belief, expression, values, ritual, ceremonies give meaning and understanding in a different way (Anderson, 2010).

The societal viewpoint of grieving couples

There has been sufficient support from an individual social network, which provides support services for women most especially during the period of grief (Umphrey & Cacciatore, 2011). The usual barriers that grieving couple face often in societal view on perinatal loss are often the lack of support, placed on the death of a baby (Lang et. al. 2011). With friends, family, relatives and the society at large often view the death of a baby as insignificant related to the death of a teen or an adult (Lang et. al. 2011). Although grieving couples tend to view upon social channels for support, couples felt the need to restrain their expression of grief expectedly because of societal beliefs on the right mourning period and the severity of an individual's grief (Umphrey & Cacciatore, 2011). This may prove difficult for couples whose motivation to communicate the extent of their grief with their friends.

2.3.1 Grief and gender

Mothers

Pregnancy loss can trigger the acutest sadness a woman has ever experienced, this can stun couples with the intensity of its emotional impact (Overs, 1995 as cited in Bangal et. al. 2013). It is considered that a total of ninety percent of women recount their experience in shock and disbelief, followed by a series of emotional feelings such as sadness, shame, guilt, hopelessness and helplessness upon discovering of their loss (Toffol et. al. 2013). A majority of women, when speaking about this moment do so in very private and interpersonal terms – speaking on the loss of the unborn baby as a person. They generally exhibit the same series of feelings and emotions reported in previous grieving situations and were also discover to experience dual stages of grief: The primary stage which is illustrated by denial, this is a way of coping with their loss and the more grieving period, which illustrated by an intensification in emotional state of mind such as anger, self-blame, guilt, jealousy and (Bangal et. al. 2013).

Soon after the conception of pregnancy set in both the psychological and the physiological process of nature, the body response to motherhood is set in motion. Thus, even if the pregnancy is disrupted the physical and emotional preparedness for a baby that would not come forth (Bangal et. al. 2013). Women adopt various ways of coping during loss and may adopt an avoidance approach over a period of time either done intentional or not (Van, 2012), an adjournment in informing others about their loss could therefore not retrieve the resources needed to aid in coping and promote grief resolves (Lang et. al. 2011). This phenomenon is known as disenfranchised grief and the most frequent outcomes of depression (Frost & Condon, 1996; Lang et. al. 2011). There are various justifications why grieving mothers could be intense, identifying with the developing baby as part of her and the loss of it, may attribute to shame, feeling empty, insecure and helpless (Hutti, 2005). If unable to create an identity or connect to the lost baby, by doing the normal ritual as a mother by holding, naming or have a photograph of the child as she would have done later in pregnancy, this may give rise to more intensified grief if another ought to occur, (Hutti, 2005) however, if the gender of the baby has been discovered, this could also further lead to an increase in levels of attachment and therefore leading to intensified response to grief (Hutti, 2005).

Subsequent pregnancy

Pregnancy loss can trigger the acutest sadness a woman has ever experienced, this can stun couples with the intensity of its emotional impact (Overs, 1995 as cited in Bangal et. al. 2013). It is considered that a total of ninety percent of women recount their experience in shock and disbelief, followed by a series of emotional feelings such as sadness, shame, guilt, hopelessness and helplessness upon discovering of their loss (Toffol et. al. 2013). A majority of women, when speaking about this moment do so in very private and interpersonal terms – speaking on the loss of the unborn baby as a person. They generally exhibit the same series of feelings and emotions reported in previous grieving situations and were also discover to experience dual stages of grief: The primary stage which is illustrated by denial, this is a way of coping with their loss and the more grieving period, which illustrated by an intensification in emotional state of mind such as anger, self-blame, guilt, jealousy and (Bangal et. al. 2013).

Soon after the conception of pregnancy set in both the psychological and the physiological process of nature, the body response to motherhood is set in motion. Thus, even if the

pregnancy is disrupted the physical and emotional preparedness for a baby that would not come forth (Bangal et. al. 2013). Women adopt various ways of coping during loss and may adopt an avoidance approach over a period of time either done intentional or not (Van, 2012), an adjournment in informing others about their loss could therefore not retrieve the resources needed to aid in coping and promote grief resolves (Lang et. al. 2011). This phenomenon is known as disenfranchised grief and the most frequent outcomes of depression (Frost & Condon, 1996; Lang et. al. 2011). There are various justifications why grieving mothers could be intense, identifying with the developing baby as part of her and the loss of it, may attribute to shame, feeling empty, insecure and helpless (Hutti, 2005). If unable to create an identity or connect to the lost baby, by doing the normal ritual as a mother by holding, naming or have a photograph of the child as she would have done later in pregnancy, this may give rise to more intensified grief if another ought to occur, (Hutti, 2005) however, if the gender of the baby has been discovered, this could also further lead to an increase in levels of attachment and therefore leading to intensified response to grief (Hutti, 2005).

Women's opinion of their spouse's reaction to grief

Women perceive their partner's responses to grief, after the loss of their baby different to their own response. To find meaning to this perception, some women have faith in their partners, which *"he wants to be strong for them"*, however, others think that their partners did not know how to discuss their feeling, or they presumed that they were reluctant to have a conversation about how they felt. Notwithstanding an apparent lack of expression of emotions and communication from their partners, women found their partners presences more attentive and emotional support during the loss (Abboud & Liamputtong, 2003).

Fathers

Over time, there have been various literature on gender disparities within the topic on grief after the loss of an infant, this has proven numerous characteristics that contribute to various ways in which grieving father go through suffering during their loss. Due to various stereotypes on gender, it doesn't come to as some surprises when fathers feel the need to grief internally and portray a strong and protective character to his partner (Versalle & McDowell, 2005). The perinatal grieving process is often regarded as short

and less intensive for the fathers than the mothers, leading many to presume that men are generally less affected by this loss than are women (Barr, 2004). Right from the youthful age, men in most culture are taught to be obscure with their emotions, this creates an internal contradiction between conveying their grief explicitly and sustaining social expectations (Versalle & McDowell, 2005).

Most fathers often recognize their responsibility to comport themselves as a supporter of the partner, rather expressing their own grief. This is common when they take the primary role of making provisions and taking care of the state of affairs rather than considering the time to deal with the incident (Oikonen & Brownlee, 2002). It expected by father express their roles by feeling in control of the circumstances and when they may be unable to improve their partner's suffering and have the tendency to feel incapable and as result display anger (Versalle & McDowell, 2005).

The technological advancement in medical imagery such as ultrasounds has given rise to parents to have the magical experience of seen their developing baby. This provides the opportunity to feel and have much more connection to the baby, therefore increasing the level at which the father develops an attachment to the child (Brownlee & Oikonen, 2004). Three effects of ultrasound photo imaging devices: (1) It give rise to the reality of the existence of a baby (2) Father are evermore involved with baby's development throughout the gestational period (3) It increases the level of grief when miscarriage has occurred.

In the research done by Oikonen & Brownlee, (2002), the study it was highlighted that men and women shared the similar pattern of experience in anguish that they feel following the loss of their baby, nevertheless, men tend to have higher grief scores over a period of time. From this data, it can be resolved that denial is the main coping mechanism men experienced in perinatal loss and resulted in delayed grief (Oikonen & Brownlee, 2002). However other researchers have endeavored to identify and illustrate the characteristics of suffering such as surprise, sense of shock, grief, (varying from intense sorrow to depressive reactions), irritation, anger, and isolation (Hutti, 2005).

Struggles of partners during a perinatal loss

The expression of grief occurs differently amongst partners during perinatal loss and throughout this period they are subjected by numerous emotional encounters, which are emotionally involved in letting their baby go, this takes way their hopes wishes, dreams

and future plans of parenthood away. In making an effort to find meaning in understanding the reality that the long-awaited life is not a possibility and the notion to adjust to normalcy becomes the struggles of life (Umphrey & Cacciatore, 2011). The societal norm which has originated from western society might have created an impact on the attitudes in which both mothers and fathers convey their grief to each other respectively, by creating stressor and tensions on the couple relationships (Versalle & McDowell, 2005).

3 THEORETICAL FRAMEWORK

3.1 KATIE ERIKSSON

Concept

Concurring to the fundamental hypothesis of caring science, caring is originally viewed as instinctive and inborn. Katie Eriksson caritative caring theory was fostered from, the caring science foundation. Eriksson acknowledged that the human being as an entity consisting of the body, spirit, and soul, also identified the human beings depend on one another Eriksson (1994), was relationship is formed, were human beings can express love by give and take, express faith and experience hope, knowing the meaning of our existence. The human being according to care becomes a patient in the context of the suffering human being, the suffering patient recognizes, accepts that they are suffering and need time and space (Eriksson, 2001). The notion of suffering has been demonstrated, losing its fundamental meaning together in health care and in universal contexts. The perception of suffering and pain are not identical, suffering can exist where the pain is not present likewise pain can exist without suffering (Eriksson 1993, 1994, 2006).

Suffering

In context pain also has psychological and social dimensions. Suffering and pain are used substitutable in most nursing research Rodgers & Cowles, (1997), it not well studied on the subject of nursing and frequently discussed obliquely associating it with pain. Suffering can be characterized in depictions correlated with pain, illness, disease and dissimilar means to ease the pain. Rodgers & Cowles (1997), both defined suffering through impression analysis showed that suffering could be personalized, subjective, complex, having meaning and deeply negative. While Eriksson viewed suffering as two "*faced*" as could be seen as negative but could lead to the denotation or understanding while living through suffering and it is linked to struggling and "*dying*". Eriksson also explained suffering as embracing dissimilar experiences correlated to threat, abuse or loss of the "self", and that suffering can be associated to personal meaning of its own make it conceivable to ease it. The suffering of a human being is naturally part of human existence (Eriksson, 1994).

Understanding suffering

According to Eriksson (1994, 2006), Suffering could be perceived as a sense of struggle and die. As the suffering human being is seen to be stressed in his or her life, this strive may move unto the center core of their suffering process, either the person remains in the suffering or with the help of others or alone to discover a solution out their present circumstance. Suffering could also be observed as a tragedy between of life and death, as the human being survives through multiple stages in the path of their own drama of suffering. The victim does not perform alone in the tragedy but acts together with other individuals, within the surrounding filling up different characters in the tragedy. This confirms that suffering is both inwards and outwards, viewing suffering as communicative to the sufferer, identified and giving meaning which opens the sufferer to be comforted. The sufferer needs to acknowledge their suffering, in order to access comfort and to ease their suffering. When this is recognized they are able to fully ease their suffering and reconcile with their struggles. Bring forth hop, which can be attributed to the significance of their suffering. In a spiral perspective form can suffering be viewed, beginning with the acknowledgment of suffering and the continuous process that advantages to the acceptance of their suffering. During the reconciliation phase, the human being can assign a meaning to their suffering and continue with their new life in order to find inner peace within thyself (Eriksson, 2006). For if there is no reconciliation of suffering that has occurred, afterward the individual is in a state of suffering that may well develop into an intolerable circumstance (Eriksson 1992, 2006).

Suffering in relation to health

Love and suffering are two of the most intimate and innermost drive of our spirit and soul, in context, this is vital to life and the health process. In a broader view, health is totality though its connection with suffering. Health and suffering coexist together, as health is view as an entity of wellbeing and soundness which exist on different levels. Co-existence with suffering could be problematic if the experience of suffering is unbearable. Health is perceived as an entity of fullness, happiness, and healthiness existing at various levels. There co-existence of health with suffering only if the experience of suffering is unbearable, this is an essential goal of living throughout the tragedy of suffering (Eriksson 1994, 2006).

The suffering of illness, care, and life

There are various circumstances within the healthcare, where an individual is subjected to indignity and humiliation. This can occur in dissimilar events in the course of an illness and treatment or could be based on the experience of the patient own feelings of as a human being, not able to work together in their treatment. Suffering could be clarified as losses of various types, this may include the loss of one's self-abilities, loss of an infant, child, loved one and one's individual value as a human being (Eriksson, 1994, 2006).

The violation of a patient's dignity and value as a human being comprises the most occurring form of suffering found in care, with all other types can be gotten from this. The violation of a patient's dignity indicates taking from the individual the likelihood of been complete and whole (Eriksson, 1994, 2006).

Blame and punishment are intently connected with the violation of human dignity. Blame has its source in the understanding, that caregiver's responsibility is to decide what is correct and what is incorrect with respect to the patient. One way to punishment is the neglect caritative care or to be unresponsive toward the patient (Eriksson, 1994, 2006).

To avow power means depriving the patient's, the freedom and the right to make decisions in the care without considering the patient. Neglected care can be due to the absence of competence to see and decide what the patient needs are. There are several forms of neglected care, this may arise from negligible types of oversight and inattentiveness to deliberate direct acts of neglect. Neglect is a situation where an individual perhaps does not accomplish caring or wherever the dimension of care is absent (Eriksson, 1994, 2006). Deprived health, ill health and the circumstances of being a patient influences the entire life of a person. The life of an individual, he or she may be customary with is distressed and suddenly more or fewer of something is taken away. The suffering of life may comprise of everything from a threat to an individual's total existence to the loss of probabilities to engage in diverse social tasks. This relatively connected to everything contained within it and finding meaning to what it means life to be a human being among all other human beings (Eriksson, 1994, 2006).

3.2 MADELEINE LEININGER

Definition of culture

UNESCO (2001) underlines the significance of every single individual's right to his/her individual culture in a "*Universal Declaration on Cultural Diversity*". This proclamation, state that culture remains at the inner core of modern discussions about identity, social interconnection, and the expansion of a learning-based economy. That open-mindedness, interchange, cooperation and respect for diversity of cultures conceive a greater opportunity peace. The admiration designed for ethnic diversity with the growth in cultural interexchange is vital, once bearing in mind that the progression towards globalization invents the environments intended to rekindled dialogue amongst numerous cultures. Consequently, culture is viewed as a vital function of human existence (UNESCO, 2001). What makes us human it is caring, it is the ability devotes dignity to individuals and inspire them to recover from illness and assistance other individuals (Leininger 1991, 1995, 2002, 2005). Correspondingly, individuals exist in relation to other individuals, and the societal viewpoint can be seen in Leininger's Cultural Care theory of Diversity and Universality (2005). Leininger stated that right from the point of we are born we are subject to the circle of life, we live, we fall ill, we endure, we experience various rituals throughout the duration of life and we die surrounded by a structural frame of culture care and within any given context in culture we are able to have meaning and find significance to them through life experiences (Leininger, 1991).

This was vital to a viewpoint on culture in observation while caring for the suffering human being. This social structure can describe in the Leininger's Sunrise Model which is a tool for learning other culture. In respects to the graphic illustration of culture care theory, Leininger urged that the Sunrise model ought to not be seen as absolutely theoretical but it should be viewed, as a mind map to underline the structural ideas and their connection and relations in a holistic view (Leininger, 1991).

Leininger's notion of identifying health and wellbeing, as a result of suffering, in a societal context, modify the emphasis of caring and suffering since a process in affiliation linking persons to a course of action sited in a cultural context. Significantly to remark that Leininger did not state that culture is not equal to ethnicity or religion. Leininger referred to culture as to "learning, share, and transmit beliefs, idea, customs, and traditions of an explicit entity or collection that funnel their belief, decision, and encounters that are

modeled them in ways of living". According to Leininger, Culture and care are both individualistic in nature and are also closely connected jointly. Cultural care is essential in cultural harmonious care, and cultural congruent care is an objective of care in nursing (Leininger 1991, 1995, 2002, 2005). Caring, curing and healing are all key elements in cultural-based care and concepts of culture care consist of the following- meaning, expressions, forms, practices and basic forms of care in contrast to transcultural but with several universalities. The advantage of this theory is that it is flexible and can be practically applied universally (Leininger 1991).

Cultural proficient care

Under transcultural nursing, cultural competence with cultural congruent care remain the main subjects, several theorists, and researcher. There are several distinctive topics used from Leininger's theory and model as a framework of the research describing it from diverse perspectives. Cultural competence is comparatively new models in nursing works. However, culturally congruent care hypothesis is rarely used excluding by researchers. In the process of delivering care in the healthcare, care providers learn about various different cultures, and are able to apply this knowledge and modify this into practices to familiarize and share a cultural experience with the patients. It is of great importance that health systems' have the capability to deliver culturally competent care in various aspects which serve the all-inclusive health needs of societies. Meleis (1999) Referred to cultural competence as it begins with having the awareness of one's own cultural practice and believes with the ability for one to recognize that people are from different cultures may not share anything in common with them. Responding efficiently to the cultural and language needs of the patient, organizations and healthcare worker must have the ability to deliver cultural competence which includes providing respectful care that coexists with the cultural believes of others. Papadopoulos et. al. (2006) defined cultural competence as a progression that an individual develops continuously and improve their ability to deliver efficient healthcare, considering an individuals' cultural beliefs, interactions and needs.

Transcultural nursing

Transcultural nursing remains a recognized theme of research paper and practice in nursing care that focuses on proportional holistic cultural care, health, and forms of

ailment in persons and groups together with respect to the similarities and differences in cultural values, practices and values with the aim of providing a culturally congruent, competent in addition sensitive care to people of diverse cultures" (Leininger, 1995).

Suffering related to culture

The context of culture varies from one another and identifiable features can be found in every single culture. These values highlight cultural contrast and also similarities between cultures. Culture sharpen the human being's daily living as well as sharpens the individuals through their life. The phenomenon of culture is what differentiates us human beings from non-human beings (Leininger, 2005). To become human is to become a distinct human being and becoming distinct human beings we are under the influenced and guidance of culture in various forms, which creates a system of meaning and gives form, harmony, purpose, and direction in our lives. Eriksson explained that suffering is a distinctly human experience of our existence and comes naturally as part of life. Therefore, the patient's viewpoint on care could merely be recognized from the perception of suffering (Eriksson 1994, 1997). The interpretation of the world through the view of an individual is centered on cultural frameworks, outlines and the worldview which is constantly shaped by culture. In care, cultural representation, emblematic significances, and care are vital parts of a culture. This is also a core of nursing, that encompasses healing, increasing wellbeing and helping people to aspect their incapacities and pass on (Leininger 1991, 1995, 2002, 2005). Also, suffering is viewed as a comprehensive experience collectively by all beings (Eriksson 1994, 2006), nonetheless these expressions along with understandings of suffering are connected towards the particular cultural structure in addition to the countenance of suffering that is profoundly embedded in the way we view the world around us.

4   AIMS AND RESEARCH QUESTIONS

Aims

The intention and aim of this study are to find out factually the father's experiences and suffering in perinatal loss also the influence of pregnancy loss on the wellbeing of fathers in general. This study is envisioned to increased understanding and deeper knowledge of the father's care needs. This awareness is desired to encourage comprehensive care that considers the entire family's care needs.

In developing this study, I the researcher applied two lines of focus to the study. Which were the Caring science and Nursing science. The caring science I chose Katie Eriksson's theory of "*The suffering human being*" to pinpoint that everybody experiences suffering as grief especially during the loss. Secondly Nursing science, I chose Madeleine Leininger's "*Culture Care Diversity and Universality*" theory to pinpoint that people from different cultures express suffering or loss differently and are bonded by values and believes. This, therefore, will help health care workers to harmonize these two theories to provide the best care to parents especially fathers who are often neglected during the perinatal loss. Culture has an influence on care in terms, expression, experience, interpretation, and understanding of suffering. Also applied to the study were various models on grief relating to perinatal grief, which are closely linked to suffering from the grief works of Rando's six process of grief and Elizbeth Kuler-Ross five stages of grief. Theoretical models of perinatal grief were Gillies and Neimeyer – Meaning and reconstruction, Strobe and Schut- Dual-process model, Lazarus & Folkman – Coping and cognitive, Bowlby- Attachment.

To give clarity of understanding the focus of this study is on fathers' or men and health professional (nurses). The human being is observed as an entity consisting of the body, spirit, and soul, this statement is the underlying of (Katie Eriksson, 2001) theory of Caritative care. Similarly, the phrase "*human being*" is also represented as an underlying of Madeleine Leininger (2005) Culture Care Diversity and Universality theory viewed from a cultural perspective.

Finally, the idea of understanding caring and suffering can be found in the theory of caritative care, which is derived from the original structure of care. This is seen as the

relationship between the patient and the caregiver, the theory presumes that suffering is present both by the sufferer and caregiver and it is eased by sharing.

Research questions

In a view of this study, the researcher seeks out answers to the following questions. (1) Do the fathers experience suffering during or after a perinatal loss? (2) What are the types of suffering do they go through? (3) To identify the kind of support men, receive during or after a perinatal loss?

Specific Objectives of this Study

1. To identify if fathers experience grief and suffering during and after perinatal loss.
2. To identify the kinds of suffering men, go through during perinatal loss.
3. To identify the kind of support men, receive during and after perinatal loss.

In answering the aims and research questions, the researcher derived some suggestions and possible solutions from the findings which could be applied in nursing for further development of care for men.

5 METHODOLOGY

5.1 *Data Collection*

Data was collected through the use of several search engines and databases from Arcada uas & University of East Finland library (Uef) FINNA, BioMed Central, Cambridge, CINAHL (EBSCO), Cochrane Library, Science Direct (Elsevier), PubMed, Google, Google Scholar, SAGE, Taylor and Francis, and Wiley Online Library. Multiple searches were implemented, using the numerous databases to extract more literature in order to reduce the risk of significant studies being overlooked.

Inclusion Criteria

The articles and peer-reviewed study that met the following criteria were chosen for the study.

1. Due to an extensive lack of large volumes of articles relating to this thesis, publication of study within 1995 to present the year 2018 was selected.

2. The study focuses on the influence of pregnancy loss on the welfare of fathers.

3. The studies were empirical and involved the primary and secondary collection of data.

4. The studies were written in the English Language.

5. The study referring to perinatal loss or pregnancy loss or miscarriage, stillbirth, ectopic pregnancy and within five weeks of life.

6. The study was available online in full PDF text and can be accessed freely.

Exclusion Criteria

1. Articles which did not fall within the inclusion criteria were excluded from this study.

The Search Process

An initial search for general information was taken to identify subject headings and possible keywords for selection, these subject heading or theme were classified in the preliminary search were: "pregnancy and loss", "pregnancy and miscarriage", "perinatal loss", "miscarriage", "stillbirth" "spontaneous abortion" along with "fathers", "men", "husbands", "male", "paternal", "culture" "psychological support" in the listed databases above the author realized that some of the articles relevant to this study were repeated in some other database. On various occasions sited in some database were restricted to only abstract or paid to view literature.

The use of different search strategy was used for the various database, to achieve the best results for the needed material by applying Boolean search operators (AND, OR and NOT), which helps in either narrowing or broadening the results. Both the diagrams which describe the database search table and the illustration flow chart of search procedures can be seen in the appendices as appendix 1 and 2 represented as table 1 and figures 2.

Twenty-five (25) selected articles were fully retrieved after accessing many of the abstracts of the scientific publications on the research objectives. These articles were read through several times carefully putting into account, that the inclusion and exclusion criteria must be met. E.g. some articles from its title seemed to focus on men but it was more of women with some detailed factions of information or analysis on men. Seventeen (17) articles were finally chosen based on scrutiny and accessibility to articles.

Articles

Out of the Seventeen (17) articles under review, fourteen (14) were Qualitative studies, and of the fourteen articles eight (8) were phenomenological methodology and the four were Three (3) Quantitative studies comprised of cohort study and Quantitative analysis; Vance et. al. (2002); Serrano & Lima (2006); Turton et. al. (2006) and finally, an autoethnography study by Marcus Weaver-Hightower (2012). At the appendix provides a summary information on the name of authors, titles, year, study design, study aim, recruitment, assessment tools and findings for the various studies.

5.1.1 **Topic selection**

Based on the seventeen (17) articles selected for this study, eight (8) of the Qualitative studies applied the phenomenological methodology, Murphy, (1998); Puddifoot & Johnson, (1997); Armstrong, (2001); Samuelsson et. al. (2001); Abboud & Liamputtong, (2003); Abboud & Liamputtong (2005); O'Leary & Thorwick, (2006); Wagner et. al. (2018). Which provided an in-depth knowledge on the exploration of father's experience of pregnancy loss, through direct interview with the grieving fathers. The descriptive phenomenological method was used in O'Leary & Thorwick, (2006) with home and clinical setting used for conducting sixty to ninety minutes of one on one interviews. Bonnette & Broom, (2012) used a combination of three different techniques to obtain rich data, which were very effective. They also utilized Charmaz's approach which was appropriate to suit the grounded theory, this was found absent in the design, leaving uncertainty concerning the methodology used. Sample size in the majority of all the studies used was relatively small or medium size participates except for Cacciatore et. al. (2013) whose recruitment was up to 135 men. Some other qualitative studies conducted through interviews over a duration of time Samuelsson et. al. (2001). Audio recorded with the semi-structured interview was used by McCreight (2004) to obtain data. Abboud & Liamputtong, (2003, 2005) given the idea to have presented secondary analysis suitable to the review's opinion of identical strategies of sampling and participant characteristics. The use of open-ended questions and interviews were used by Anna Liisa Aho et. al. (2009) on their analysis on social support and a secondary qualitative analysis was used as a methodology to analyze the experiences of parents and the backdrop of the medical staffs.

Quantitative studies reviewed were Three (3) and one of them was a community-based cohort study which examined the psychological distress of couples impacted by perinatal loss after pregnancy loss Turton et. al. (2006). Vance et. al. (2002) conducted a quantitative study using the standardized interview in a time duration of two, five, eight, thirty months to examine anxiety, depression, and alcohol used between none grieving couple and grieving couples. Serrano & Lima, (2006) focus on the significances of the couple's relationship, gender differences, and reproductive failure. Finally, Weaver Hightower, (2011) was an Evocative Autoethnography study, this captured a close experience, though it could be considered as subjective and prone to bias, the use of a systematic approach reduced the impact on the study and with the utilization of several autoethnographic methods of data extraction that enriched the study.

5.2 Data Analysis

During the analysis of the various articles, the researcher used thematic analysis as a method of analyzing data. The method was applied due to its flexibility, which could be used for quantitative and qualitative data allowing an initiative approach (Lorelli et. al. 2017). This is a solitary method of gathering data that focuses on related patterns meaning across datasets (University of Auckland). The purpose of using this method was to classify outlines of meaning within a dataset that would generate answers to the research questions which are being addressed, this method is generally used amongst the behavioral, social and applied sciences mostly applied to health, clinical research. The single advantage of using this method was that it allowed the researcher to be more flexible in enabling to identify the vital topics and theme to form the data needed within different frameworks (University of Auckland).

Approaching thematic analysis, the researcher deployed an inductive way which is one of the several approach ways that can be used in data analysis. There are six phases that are involved in the process familiarizing with the data from the various articles which was constantly read, and re-read be the research to get in-depth knowledge of the articles for the study. Coding phase involves the generating of short-term labels to identify the most important features of the articles that will be relevant to answering the research questions in the study. Examining for themes involves the examining of data which is identified as significant patterns, by collating data found in the articles and categorizing them into

specific themes. Re-evaluating themes involves checking a specific theme, for constant reshaping or redefining to answer the research questions. This also involves dis-carding and combining of data. Outline themes during this process the researcher develop-ops a comprehensive analysis of the specified themes and proceeding to extend and focus of each the themes and finally inputting data (University of Auckland). At the end of all these phases, the researcher was able to categorize into groups the various themes.

5.3 Ethical consideration

Ethical consideration applied to this study was crucial and important, this study utilized both primary and secondary data. As the researcher abided by the ethical guidelines to provide credibility and clarity to the research objectives. All information retrieved were from a range of sources, which were appropriately acknowledged to avoid copyright infringement and plagiarism (start.arcada.fi).

6 FINDINGS

Based on all the reviewed Articles, which have been analyzed for this study. Findings from all the articles have indicated and acknowledged that men go through suffering during a perinatal loss. Furthermore, some articles have highlighted or suggested some factors that are responsible for the suffering experience. During cross-examination of all seventeen (17) articles selected for this study, eleven (11) indicated various kinds of suffering men go through during perinatal loss which was attributed from the influent factors of suffering. Finally, findings from these studies have shown that fathers experienced support from different sources.

6.1 Father experience of suffering during a perinatal loss

The first core focus of this study was to investigate father experience of suffering during and after the perinatal loss. Findings after the cross-examining of articles indicated that there were some factors which were discovered to have been responsible for influencing fathers' experience of suffering during the perinatal loss. These findings lead to the increase of suffering that affected fathers by influencing their emotional, physical and psychological well-being, by creating disparities between father and mother which went unnoticed. Table of Themes and subthemes can be seen in the appendices as appendix 3

6.1.1 *Technological photo imagery (ultrasound)*

Based on the finding in this study, results from nine of the studies indicated and supported other researchers on the role of ultrasound technology. This was linked to the creation of a 3D abstract imagery of the baby and sound in the minds and physical presence of the fathers that validates the identity of fatherhood and child. The creation of an intimate relationship and experience between fathers and their unborn babies, also the relationship prolonged beyond the death of the child as a result of various rituals and connections. Which was responsible for also the formation of two subthemes Validation of father and child (Puddifoot & Johnson, 1997; Murphy, 1998; Armstrong, 2001; McCreight, 2004; O'Leary & Thorwick, 2006; Bonnette & Broom, 2011; Weaver-Hightower, 2012; Cacciatore et. al. 2013 Wagner et al. 2018). However, it was indicated that a baby was

consequently shown in an undignified way by health professionals which intensified grief McCreight (2004).

6.1.2 Stereotype "Masculinity" or the "Male Role"

Another major factor seen in table 1 which was identified from the results of several of the articles for this study was stereotype "*Masculinity*" or the "*Male Role*", which were influenced by the various subthemes. These outcomes were represented by factors which were identified to have also influence suffering in fathers. The culture was also identified to be a major factor that was subcategorized into 4 subthemes Gendered disparity in grief, Gender identity Role "be strong" for their partner Masculinity. These factors were found to have created a state of denial and pressure that resulted in more suffering of fathers (Puddifoot & Johnson, 1997; Murphy, 1998; Vance et. al. 2002; O'Leary & Thorwick, 2006; Samuelsson et. al. 2001; Bonnette & Broom, 2011).

6.2 The kinds of suffering fathers go through during and after perinatal loss.

The second core focus of this study was to investigate the kinds of suffering fathers go through during and after perinatal loss. Findings during the cross-examination of articles indicated different kinds of suffering which were responsible for influencing fathers' suffering during the perinatal loss. This is comprised of four which were subcategorized into subthemes, Table of Themes and subthemes can be seen in the appendices as appendix 4.

6.2.1 Social recognition

Based on findings from most of the articles analyzed, the recognition of fathers as grievers has been one of the critical issues mentioned, with several yearnings towards being acknowledged. Socialization of gender created problems that were experienced through marginalization and disenfranchisement, also stoicism which was a term used to describe father by McCreight (2004) which were found to have increased suffering through intense grief in fathers over time (Armstrong 2001; Samuelsson et. al. 2001; Abboud &

Liamputtong, 2003; McCreight, 2004; Abboud & Liamputtong, 2005; O'Leary & Thorwick, 2006; Bonnette & Broom, 2011; Weaver-Hightower, 2012; Kelley & Trinidad, 2012; Cacciatore et. al. 2013; Wagner et. al. 2018).

6.2.2 Feelings & emotions

Findings have shown during the investigation of articles, indicated that since miscarriage happens suddenly and unexpectedly father was unprepared for the situation. Most fathers expressed feelings shock, anger, guilt, self-blame and feeling of frustration (Puddifoot & Johnson, 1997; Murphy, 1998; Armstrong, 2001; Samuelsson et. al. 2001; Abboud & Liamputtong, 2003; Kelley & Trinidad, 2012; Wagner et. al. 2018). Finding also indicated that fathers also developed different Coping strategies as a means of driving normality. The finding indicated that fathers had a greater extent of control over their expression of agonizing emotions and coping in a solitary manner. (Murphy 1998; Samuelsson et. al. 2001; Abboud & Liamputtong, 2005; O'Leary & Thorwick, 2006; Turton et. al. 2006).

6.2.3 Psychological disturbance

Findings from a few articles have indicated that fathers were subjected to some psychological disturbance during perinatal loss when compared with women namely: Anxiety, PTSD, Depression (Samuelsson et. al. 2001; Vance et. al. 2002; Turton. et. al. 2006). Although there was a significant difference between father and mother, there was a prevalence of mental disturbance in most of the participant observed. In Vance et. al. (2002) it was indicated the grieving couples were likely to have one partner in distress than non-grieving couples. Also, mothers who were grieving showed declining distress from 21% to 10% over a period 0f 30 months and the father increased from 7% to 15% peaking at a 30-month period. Vance et. al. (2002) also examined the patterns in which father was involved with alcohol usage comparing non-grieving and grieving fathers following the loss, between 4.7 to 5.8% by non-grieving fathers compared to 7 to 12.3% represented the benchmark for heavy usage by grieving fathers. Findings Turton et. al. (2006) were by assessing the psychological indispositions of fathers during subsequent pregnancy after stillbirth, 9 out of 34 fathers reported an increase in alcohol usage, while

7 out of 38 reports the use of recommended medication to aid them to cope and 3 described using illicit drugs.

6.2.4 Impact on relationship

Finding from an article indicated that fathers experienced difficulties in sexual intimacy, communication and marital satisfaction with their partners (Vance et. al. 2002; Serrano & Lima, 2006).

6.3 The kinds of support

Finally, the third core of focus was to investigate the different kinds of support father receive during and after the perinatal loss. Findings from this study have shown that fathers experienced support from different sources which were from social support which included the family, friends, and Peer-support interpersonal which includes the spouse and close family circle. Finally, professional support which derived from various healthcare workers. These supports, either affected fathers both positively and negatively resulting in the alleviation of suffering or the increase of suffering or facilitated the grieving experience. Also suggests ways to help ease the suffering of fathers during perinatal loss and help promote wellbeing. (Murphy, 1998; Samuelsson et. al. 2001; McCreight, 2004; Abboud & Liamputtong, 2005; O'Leary & Thorwick, 2006; Anna Liisa Aho et. al. 2009; Kelley & Trinidad, 2012; Weaver-Hightower, 2012; Cacciatore et. al. 2013) Table of Themes and subthemes can be seen in the appendices as appendix 5.

7   DISCUSSION OF FINDINGS

The core focus of this study was to investigate the suffering of fathers during the peri-natal loss, in which the analysis was done has succeeded in finding the reasons with the types of suffering fathers go through and the kinds of support which are available to fathers. The study has suggested some ways by early interventions to identify and ease the suffering of grieving fathers. During this study, the theoretical models applied were caritative caring theory and Cultural Care theory of Diversity and Universality. These theories were selected, based on the direct relationship with the objectives of this study. Also added were some models of grieving which were also used to highlight similarities with suffering. These models were early highlighted in the initial part of this study.

Most researches done on the topic of stillbirth or primarily pregnancy loss have always focused on the mother or women in general, who primarily are affected by, either physical and emotional suffering or grief during the period of loss. Over the years there have been few pools of researches done on men, which have shown that fathers or men, in general, have been highly overlooked Murphy (1998), this often due to various factors which are underlined by perception, gender role, and societal pressure. In the course of this study, the researcher discovered the complicated struggles that fathers endure during perinatal loss which, suffering and grief are fundamentally inevitable and are normal responses of expressing loss. However, Suffering and grief in relation to perinatal loss are relatively complicated due to the investment of emotion on both the unborn baby and the eagerness of assuming the new parental role.

7.1   Fathers experience grief and suffering during perinatal loss.

In all the studies, the expression of grief through suffering as a result of the loss of pregnancy have shown that fathers suffer grieving for their child. Where some grief for the loss of their child as they have come to acknowledge and love over the pregnancy period, whereas others may suffer for the loss of life which they would have planned with the baby over a period of time. This illustrates the complexity of suffering in perinatal loss, it is also important to understand that there are thoughts to which measurement of grief is questioned to a degree in terms of sensitivity towards a male form of expressions. All through measuring leans towards the suggestion that there are differences in men's

relations with the scale and its variables, but their response and score may in due course be surrounded by cultural expectations and constraints on the expression of emotions Bonnette & Broom, (2011).

7.1.1   Technological 3D photo imagery (Ultrasound scanning)

Evidence has shown the increased attachment for fathers to their unborn baby is relatively due to the use of the ultrasound scans. Over the past five and half decades the revolution in gender anticipation for fathers' role during pregnancies, labor, and the delivery has changed. In the past, fathers' involvement during this period was void with the conventional stereotype of being the financial provider, compared to today's ideology were fathers' role have changed. Which have led to the encouragement of men to part take in prenatal care, education, ultrasound and participate during labor. Based on this advancement in 3D technology fathers are ever closer and connected to their unborn baby. This increased activity between fathers and mothers, enabling fathers to witness as in listening to the heartbeats and physical developments (Armstrong, 2001; O'Leary & Thorwick, 2006; McCreight, 2004; Weaver-Hightower, 2012).   It is known today that more and more fathers or men, whose wives are expecting a baby are eager to take part in the ultrasound of their unborn child.

Puddifoot & Johnson, (1997) study on fathers revealed that fathers who were present during ultrasound scans of their unborn baby experienced increasing levels of suffering than fathers who were not present during the perinatal loss. During an interview with 20 fathers who their wives had experienced perinatal loss, discovered three influences of ultrasound scans on (1) *It give rise to the reality of the existence of a baby* (2) *Father are evermore involved with baby's development throughout the gestational period* (3) *It increases the level of grief when miscarriage has occurred*. Although the study was useful in the collection of first account data reported by fathers, it was relatively small sized, therefore, a generalization of the results was limited. However, the validation behind photo imagery of previous researches on fathers has recognized the more graphic the images of the baby are after an ultrasound scan, the stronger the attraction and bond with the baby, the higher the reaction of grief Puddifoot & Johnson, (1997).

Furthermore, an early study conducted by Johnson & Puddifoot, (1996) whose aim was to investigate the impact of ultrasound scans on fathers who partners had miscarriages, found out using the perinatal grief scale as an analysis tool indicated that fathers who were present or saw the ultrasound showed significant connection and increased levels of grief that support their hypotheses in their later study. In addition, it is possible to speculate that the fathers who saw the ultrasound were men who showed great interest in their babies and suffered higher intense grief after miscarriage than fathers who were not present.

Identity

Depending on the culture and society, identity plays a key role to men or fathers during the lifetime of a child from the notion of becoming a father to the sudden death of a child. The question of identity as Fathers gives rise to the undefined right to the use of the term '*father*', which is equally undistinguishable to either pregnancy conclusion is recognized as a baby. This effect of pregnancy loss on fathers or men brings uncertain as most fathers are looking forward to the life of fatherhood that has been fragmented. It is important to know the identity is vied vase meaning the recognition of the baby as a human being means the legitimizing of the father as '*Father*'.

Validation of fatherhood

The concept of fatherhood comes from early attachment could be seen as an emotional connection or bond between two entities, which is expressed and felt beyond over space and time. Although attachment could be formed and develop through the lifetime of an individual, it is a very unique moment when the attachment is formed in throughout pregnancy. The dilemma studied between the father's title role and suffering implies, there are interior and exterior pressures from society playing a controlling role. This societal role brings the perception of behavior becoming stereotypical traits or on gender explicit of characteristics, which are presided by a society where men are perceived to be dominant. The identity of father develops in the early periods of pregnancy due to generation change in the role of fathers play in society and the direction in which most modern health care as mentioned early in the literature, has seen the rise or increased the involvement of fathers or men in general more participation in early pregnancy. Also, with the contribution of modern technology in 3d imagery (*ultrasound*), more educative

programs and changes in occupational or work life design were fathers able to take partial holidays from work to spend more time with the partner (Abboud & Liamputtong. 2003; Armstrong, 2001; Bonnette & Broom, 2012; Cacciatore et. al. 2012; O'Leary & Thorwick, 2006; Samuelsson et. al. 2001). Another factor which legitimized fatherhood was the facilitation of postmortem rituals such as being present during the birth of the deceased child as a real child, been shown the dignity and respect Wagner et. al. (2018). When men are asked depending on the culture and society in which they dwell in, what are the things that are going on in their lives, they may likely respond to two core identifiers which are his family and job. For some, they are less vocal and open when discussing the very small details of their lives than women freely openly talk about but when it comes to the children, they could go on talking about them forever.

Thus, when a baby dies from the time of recognition that he is not going to become a father, this may same to be a feeling of failure on him not to be able to prevent the unlikely event, with changes at that present moment in time fathers are often misunderstood and cause an inward pain that all their hopes and wishes of fatherhood have been snatched away. In some cultures, the representation of a child when the sex is known or unknown would have special significant mean to the fathers and may also increase the intensity of suffering, as some state the importance of the male child in terms of kinship or pass down of lineage to the next generation.

Validation of child

The identity of the baby come to life, at most times after the ultrasound imagery. This creates the assurance that a living being is in existences and the recognition and the treatment of the baby after stillbirth are considered as a real baby by most fathers. The importance of identity of the baby is of great essence which varies in society, culture and economic status to the father, irrespective of the duration of the gestation period of the baby. As long as the connecting has been made by both the father and the child, the father regards the identity as part of the family in respective if there are living children or not. It was once mentioned in McCreight (2004) when one of the babies was not shown recognition by a physician and was presented in a degrading manner which triggered intensity in grief. It is of the highest importance that babies are treated with dignity and respect in respective of the gestation month in which stillbirth or pregnancy loss might have occurred as though it were alive in presence of fathers (O'Leary & Thorwick, 2006;

Cacciatore et. al. 2013). Also indicated a situation, where fathers preferred vagina birth of the baby other than a c-section that made it also real to them.

7.1.2 Culture

In reaction to most of all the theorist used in this study, contemporary on suffering and grieving research sought to increase the understanding in ways in which suffering and grief are embedded within the cultural and social context. In most of the articles on perinatal loss, cross-culture is unusually infrequent and is yet to compare and highlight the grieving pattern and practices of a cultural diversity amongst participants are contemporaneous. This is also similar to the spiritual dimension of grieving; which over time has been generally being overlooked within most literature in grieving (O'Leary& Thorwick, 2006; Samuelsson et. al. 2001).

In other to understand the influencing effect of culture, one must understand that culture is embedded in the very fabric of society. This has an impact on individuals' reaction to traumatic encounter, what kind of peril is perceived as distressing, how both individuals' and society interpret and perceive traumatic situations and how they respond to those events. Discussing cultural practices and beliefs, it is important to avoid generalization and not to assume that every culture is similar in thinking, believe and in behavior, which could result in stereotyping and an unresponsive approach and also lead to social withdrawal.

Stereotypes of "Masculinity" or the "Male Role"

The male role in grief is suggested to be preconceived based on the view in society, how men are to act generally in different situations. This expectation is usually formed by a culture which is embedded in the societal system or structure were both sexes act upon their role in a given circumstance. Cultural stereotypes can be viewed differently and may vary between societies differently but there are a few elements which are generalized. In most of the volume of articles found for this study, most of the studies were conducted in North America, Europe, and Australia with the absences of study from Africa, Middle East, and Asia only in one of the studies were participants were of diverse ethnicity.

In North American, some European societies and in most societies around the world individuals are taught at an early age about cultural stereotypes as regards gender, which

is embedded in their society. In the likely hood of death, men are taught from an early age to acting in a stoic behavior, assuming the role of protector, to remain strong and maintain a sense of firmness and responsibility towards the wellbeing of the family. This is one of the reasons why father or men internalize their emotions and response to tragic situations, on the other hand, women are more likely to openly express their grief and suffering of loss and turn to their partner for support. Finally, society depicts, accepts and recognizes women role in the expression of grief by crying, looking on to others for comfort and the expression of their feelings specifically during the perinatal loss, as society recognizes grieving amongst women as they are the carrier of the babies (Puddifoot & Johnson, 1997; Murphy, 1998; Vance et. al. 2002; O'Leary & Thorwick, 2006; Samuelsson et. al 2001; Bonnette & Broom, 2011).

The gendered disparity in grief

The disparity in the way men and women express and react to grief after a perinatal loss is different, O'Leary & Thorwick, (2006) which was observed in most of the studies with couples or partner exhibiting a variable element of suffering and grief over a duration of time. For instance, women respond to the loss of an unborn baby most instantly and outwards express while fathers internalize the expression although there are always a few expressions which could be shared at that moment. This may give rise to the expectation of discordant and as couples may begin to express the various level of disagreement in their relationship, it may result in inadequate support for each other.

It was made significantly known in all the literature that, there factors responsible for differences in grieving styles between men and women which showed potential importance on the relationship disputes. This responses to grief vary in emotional, the intensity of suffering and duration of grief and suffering, which may result to inconsistency in communication breakdown leaving partners or couples with the feelings of disappointment, isolation, frustration, and anger towards each other another (Vance et. al. 2002; O'Leary & Thorwick, 2006; Samuelsson et. al. 2001; Bonnette & Broom ,2011). During grieving, there is also a possibility after a miscarriage must have occurred that there may be differing view on the reality of the baby to one parent than the other. This may be due to the attachment formed at early pregnancy or the level of relationship between the two, causing an increase in intense grief and also lead to long-suffering. For women, the tendency of developing depressive symptoms and suicidal thoughts may be

as a result of the loss. For father or men as mention earlier could be, perhaps the presence in the ultrasound visit which has created the reality of a baby. For instance, those men who were present experience more intense loss than those men who were absent. While in contrast to men, the absence of not discussing their feelings with their partner openly may cause misunderstanding (Puddifoot & Johnson, 1997; McCreight, 2004).

Finally, since women tended to share the emotions and responses to grief openly it is more common for them to seek informally support in order to deal with their loss. In the turn of men, they generally do not seek help, as in societal view expect men to handle their loss quickly and focus on supporting their partners (McCreight, 2004).

7.2 Kinds of Suffering

When confronted with the reality of their loss, grieving fathers described their experiences of loss as a painful, shocking and unforeseen event in their lives. With anticipation and enthusiasm for fatherhood was shortly taken as they were confronted with the painful truth that their child had died. Fathers were met with a series of expression of suffering, which was in various forms the emotions, physical and the psychological of their wellbeing. These elements were compounded by an enormous sense of skepticism and confusion at the turn of events.

7.2.1 Social recognition

Recognition of fathers is one of the important aspects of this study, which has appeared in most of the studies it is one of the major factors that lead to fathers suffering from perinatal loss. This attributes to various forms of suffering in fathers, from physical too emotional and psychological.

Socialization of Gender (Disenfranchisement)

The societal expectation of fathers is to be the strong supporter, comforter and protector to their partners following the perinatal loss, while suppressing their emotional turbulence, it increases the risk of having complicated grief among expecting fathers. When grief is societally rendered null and void, the expression of grief is known as disenfranchised grief. This occurs as a social stigma when there is a failure to recognize the loss and the grieving individual's incapability of discussing or expressing the thoughts

and feelings during and after a loss. If unresolved disenfranchised grief could lead to diagnoses such as mental, emotional and physical health complications (Samuelsson et. al. 2001; Abboud & Liamputtong, 2003; McCreight, 2004; Abboud & Liamputtong, 2005; O'Leary & Thorwick, 2006; Bonnette & Broom, 2011; Weaver-Hightower, 2012; Kelley & Trinidad 2012; Cacciatore et. al. 2013; Wagner et. al. 2018). The majority of men might not respond to the conservative emotions of their partners and this may be seen as difficult for their partner to understand. Unappreciative and the feelings of guilt are expressed by father an effort to console their partners and this, in turn, leaving fathers to withdraw their emotional or physical anguish.

In the course of grief and lack of recognition, many fathers express their feelings of been marginalized as a general concern, which was focused on their partners. For instance, after pregnancy loss must have occurred, often at times, the healthcare workers might ignore the presence of the father in the process of consoling the woman. This may be due to some factors depend on the culture and society once again, it could be (1) *Being the carrier of the baby as the mother openly expresses suffering as pain, grief and shock, so they are attended to them first.* (2) *Cultural competence of the healthcare worker in the multi-cultural setting where couples were of different origins.*

Stoicism

Societal and cultural pressures endorse stereotypic characteristics as explained previously. Stoicism has frequently been described in most of the studies both represented boldly and described in another form. Stoicism could be defined from a Greek school of thought, as the use of self-control and resilience to overcome devastating emotions. But in grieving fathers used it, as a way to hide their suffering due to societal pressure or supporting their partners for the fear of the deteriorated outcome. Nevertheless, the stoic expression is an evidence of fathers' struggling to talk about their feeling in complexity, which is as a result of internal pressure that prohibits them from emotional expression. This behavior usually clouds the minds, perception, and appraisal of people, giving the wrong signal about the father exhibiting a negative impression of grief. In other words, the extent of support obtained is affected negatively, whenever it was mention that there were low points of recognition of fathers, the elevated occurrence of stoicism and inadequate support. Which in contrast, fathers who were recognized received support and those who exhibited stoic behavior were not (Samuelsson et. al. 2001; Abboud &

Liamputtong, 2003; McCreight, 2004; Abboud & Liamputtong, 2005; O'Leary & Thorwick, 2006; Bonnette & Broom, 2011; Weaver-Hightower, 2012; Kelley & Trinidad, 2012; Wagner et. al. 2018).

7.2.2 Feelings & Emotions

Just as mention earlier, grief is particularly personal which varies from one individual to another and when grief involves babies, this is felt deeper and often last longer. Suffering brings various instability into the emotional life, this includes the experiencing of traumatized and emotionlessness feelings which is as a result of the pregnancy loss. These emotional displays were represented by the expression of Shock, Anger, Confusion, Guilt, Self-blame and the feelings of frustration, for fathers to also hide and divert their minds from the current circumstance which they find themselves surrounded in by them developed various coping behavior which either increased their suffering or reduced but the was still a significant proportion of suffering.

Cognitive-emotional behavior (Shock)

Emotional expression occurs, right from when the relay of information about the loss of the baby, which is been passed or suspected by couples. Although this common among fathers' and mothers' to immediately act in response to the loss of their babies by way of a state of shock that consists of confusion, numbness, and disbelief. For fathers' reaction to this expression is usually observed based on the situation and the environment that surrounding the death of the baby. Evidence indicates or suggests that there is a significant feeling of depersonalization that is expressed and is experienced by grieving fathers long after the loss of their baby than that non-grieving fathers' (Murphy, 1997; Samuelsson et. al. 2001; O'Leary & Thorwick, 2006; Weaver-Hightower, 2012; Cacciatore et. al. 2013).

Anger and Guilt

The expression of anger is usually common and has been identified as an irritable response to perinatal loss. Although mothers may express high levels of anger, which could be triggered by the current situation, the state of relationship between the mothers' and the fathers' (*Abusive relationship*), a huge sense of injustice and unfairness, sense of jealous or aggrieved feelings towards couple with living babies, a sense of frustration in search of meaning and in reaction to the healthcare workers. For fathers' there were

similar behaviors that triggered anger, also the reaction towards the healthcare workers mostly when there was a failure to recognize the baby and the way the baby was presented and treated in an undignified manner after a loss.

Finally, guilt in grieving integrates a diversity of both emotional and cognitive elements, it is not only a typical reaction to the loss of a loved one but also a vital element of depression. In grieving context, it could be defined as a remorseful feeling or emotional reaction to grief with the identification of failing to act which could have avoided the situation. There were two components of guilt, which were frequently identified in most of the literature used, which were self-blame and remorse. Self-blame signifies the self-acknowledgment about the reason of the death of the baby, in most cases the fathers' stressed their responsibility for the loss of their baby by accusing themselves of what they could have done to either save or avoid pregnancy loss. Furthermore, some fathers may recognize that blaming themselves was unreasonable but with the expression of anger and helplessness which were very intense they resulted to blame everyone including themselves. While remorse involved the painful expression of feelings and thoughts concerning past actions, which the fathers could have done to achieve a better outcome (Murphy, 1997; Samuelsson et. al. 2001; O'Leary & Thorwick, 2006; Marcus Weaver-Hightower, 2012; Cacciatore et. al. 2013).

Coping

Coping is a form of suffering where an individual, who has experienced loss develops the need to manage their feelings. In the process of managing their feelings, they develop strategies which are deliberately used to manage stressful situations. These strategies could be applied during the period of loss or during subsequent pregnancy by both fathers and mothers. In most cases, fathers engage themselves with activities to establish normality within the home, by preoccupying themselves with activities as a form of problem-solving and emotional focused mechanism. Fathers engaged themselves in problem-solving by seeking out information and working out solutions, this involved working long hours at their place of work and occupying themselves in personal craft projects to keep their minds of the current situation. When it involved emotions, fathers were more involved in blaming, avoidance and using humor as a way of coping in improving and controlling the situation around their partners and family. Due to the nature of these coping strategies fathers were more likely to be misunderstood in their way of

dealing with grief. In the majority of the studies, it was early observed that fathers took the role of supporting their partners, which was a key characteristic in attaining emotional comfort, and meaning. However, this role is not universally desired as some fathers feel it's their moral obligation to put their partners first and this act may lead to distress over time also this could also be pressure from the family of their partners (Murphy 1998; Samuelsson et. al. 2001; Abboud & Liamputtong, 2005; O'Leary & Thorwick, 2006; Turton et. al. 2006).

7.2.3 Psychological Disturbance

Anxiety, Depression & PTSD

The psychological disturbance is one of the key elements which affects the wellbeing of fathers over a duration of time, this could occur during grief or long after the event of a perinatal loss. In most of the researches conducted on the fathers' response to pregnancy loss or consequent pregnancy after perinatal loss, the history of anxiety, depression and post-traumatic stress disorder prior to the transition of fatherhood have shown that fathers experience high levels of these mental health difficulties during perinatal loss, Samuelsson et. Al. (2001); when compared to the fathers who were never involved or would have experienced perinatal loss and in most cases most some fathers were able resolved their symptoms after the birth of their new child (Turton et. al. 2006). Moreover, some reviews have pointed out that some fathers who recognized that there were significant changes in the relationship with their partners felt more negative in the role as fathers, which lead to problems of adjusting to change during the perinatal loss.

Furthermore, in case the of depression symptoms reviewing cross-section reviews caution was applied based on numerous methodological limitations, as to the sample size of fathers were relatively small and there was a variation of depression measurements used across these reviews which made it difficult to synthesize the outcome of the results. It is argued that the manifestation of depression in men differ from women and may not be easy recognized by the of the existing diagnostics techniques. For instance, evidence-based depressive symptoms specific to men are as follows anger, distraction, emotional suppression, isolation, somatic symptoms, aggression and numbing through drugs and alcohol usage. Most times men are less probable to report concerns of their mental health during perinatal loss and may hide under or be influenced under the pretext of behaviors

such as alcohol, drugs and substances abuse usage. This support the notion made Vance et. al. (2002) research that fathers metal disturbance and suffering during perinatal loss saw an increase due to these behavioral patterns over a duration of 30 months when compared with women, which indicates that fathers continue to suffer till the next successful pregnancy or baby arrives.

7.2.4 Impact on Relationship

Loss of Sexual Intimacy and Communication

During perinatal loss, sexual difficulties have an intense effect on the relationship of grieving couples, reviews used for this study suggest there are a significant fraction of couples which experience stern distress involving the absence of sexual activities following pregnancy loss. In most cases, the decline in sexual activities correlated with perinatal loss is due to some reasons such as anxiety, depression, fatigue, numbness, psychological and physical distress in sexual intimacy. There various motives which made couples abstained from sex, this includes (1) reflecting on sex as a reminder on the loss of pregnancy felt emotionally devastating (2) the fear of losing another pregnancy (3) one's beliefs and emotional state are incompatible with grieving, which in other words means that strong feelings of guilt are as a result of sexual pleasure. (4) Grieving disparity appear to play a major role in sexual difficulties. Furthermore, these factors which have been mention earlier can give rise to sexual disagreements between couples, where mothers had the perception that fathers were feelings of augmented isolation, insensitivity, uncaring and unsupportive toward them (Vance et. al. 2002; Serrano & Lima, 2006).

Finally, communication between couples is a very vital issue during the perinatal loss, but due to various grieving disparities in fathers and distinguishing patterns which leads to misunderstanding encounters that occur when there is an unrealistic anticipation together with contrasting suffering, shows there is an absence of tolerable communication. In most cases, mothers are unable to understand why fathers are not grieving or suffering as intensely as the mothers are. While the fathers are similarly confounded by the duration and intensity of the mothers' reaction to grief. It is a common behavioral pattern for fathers to be inexpressive while trying to cope with the situation of grief that often leads to breaking down in understanding with the mothers as fathers find

it difficult to express their feeling openly. In addition, father mostly internalizes their suffering and switch to the masculinity gender role of being strong for their partners. This is consequently misinterpreted by the mothers and when the fathers are reluctant to speak about their loss, they feeling the fathers does not care and this is accompanied with anger and disappointment which in turn puts a strain on their marital relationship (Vance et. al. 2002; Serrano & Lima, 2006).

7.3 Support

The final core of this study was to explore the fathers' experiences of support following perinatal loss. Indications of fathers' perceptions of social and professional support made an impact on their grieving experience in both positive and negative ways. Most fathers felt the lacked the respect and support when they were not acknowledged in their expression of grief and were not also shown empathy and understanding towards them as they were disenfranchised of grief.

Furthermore, the relationship with others was weakened significantly as fathers were not able to openly express their grief. In contrast, the support towards fathers was perceived as insufficient, when fathers tried to grief openly and were ignored by others responding inconsiderately to their loss. This led to intense suffering that generated a various element of suffering in emotional, physical and psychological problems which were mention in the previous core of this study.

Finally, communication plays an active role in the convening of support, at most times fathers or men seek to find meaning to their loss through support activities, as men reflect on support as a means of finding or making meaning and cogitation as a vital part of their grief, a faction of fathers may engage in spiritual believe to facilitate their suffering in grief, with the belief of a higher power and idea of a spiritual being 'GOD' will provide help to ease their suffering and provide comfort.

7.3.1 Kinds of Support

Perinatal loss or pregnancy loss could be described as one of the most stressful time in an individual or couples, in most cases the family, extended members of the family, friends' peer-group and health care professionals that provide support in various degree. All these

supports impact the lives of fathers either positive or negative. Just as mentioned earlier in the previous chapter on suffering, that some of those factors which were mentioned either created huge burden for fathers which in turn was a barrier for obtaining the much-needed support during this period. Furthermore, the support network correlates with resources that are available to them, consisting of emotional, material and social aspects which also depends on the quantity and quality received. Support can be grouped into this study as social, professional and interpersonal support (Murphy, 1998; Samuelsson et. al. 2001; Abboud & Liamputtong, 2005; O'Leary & Thorwick, 2006; Anna Liisa Aho et. al. 2009; Kelley & Trinidad, 2012; Weaver-Hightower, 2012; Cacciatore et. al. 2013).

Social support

In Social support, fathers described the importance of facilitating rather than hampering grief representation, though grieving perceptions varied there were certain behaviors which were recognized as supportive and helpful while others considered it as unsupportive and upsetting. A faction of the fathers was generally appreciative of the response to care and support received from individuals within their family circles and societal network, Anna Liisa Aho et. al. (2009) particularly the parents which some fathers seek out and obtained support from with the similar experience. Fathers were sometimes engaged by their spouse positively by sharing their moment of grief, suffering, talking, spending time together. Fathers also got positive support from friends and peers, when they able to share their own feelings, talking about their experiences and seeking information on way to cope and support the family (Murphy, 1998; Samuelsson et. al. 2001; Abboud & Liamputtong, 2005; O'Leary & Thorwick, 2006; Anna Liisa Aho et. al. 2009; Kelley & Trinidad, 2012; Weaver-Hightower, 2012; Cacciatore et. al. 2013)

Furthermore, negative encounters with family, friends, and peers may lead to adverse perceptions most especially when the fathers were ignored and avoided based on the behavior of the fathers or societal pressure. This could be challenging for fathers when the families, friends, and peers do not recognize or understand their feelings of loss and at one moment may have dismissed the death of the baby as insignificant. Correspondingly, felt strongly disenfranchised when others could not share their feelings with them or provide them with the necessary empathy and understanding they much needed. This cause and intensity of suffering that led to the experience of feeling neglect and isolation.

Interpersonal support

The family is often seen as the most vital source of support during the grieving experience, this comprises of the spouse, existing children and close relations in the family circle. For fathers seeking and willing to share their grief experience with their spouse felt it was important in obtaining the needed support from them, when they were at the same wavelength by grieving together, spending time together, helping with child minding and domestic chores, also this was the strongest impact of support that helps both fathers and mothers in the strengthening of their relationships. However negative situations were noticed, the difference in the articulation and timing of their spouses' grief. This is related to the oscillating display of grief which was seen in the earlier part of this literature review and is observed when there a continuing rotation between loss and restoration coordination. In addition, fathers seek to find online grieving support groups or forums, memorial websites and personalized blogs where they engage with other fathers who had a similar experience (Kelley & Trinidad, 2012; Weaver-Hightower, 2012; Cacciatore et. al. 2013).

Professional Support

Fathers described the attitudes of care providers towards communication, information, and support to facilitate contact with the baby as meaningful parts in their grieving experience. The value of care was considered by some fathers as emotionally sensitive and responsive, though communication was deemed appropriate by most fathers there were some negative outcomes which intensified suffering. However, healthcare workers ambiguously used setting terms at the time of diagnosis such as 'couldn't find heartbeat' of the baby and 'you lost the baby', this suggests that some healthcare workers did not have the adequate skill or weren't prepared to relay such sensitive new to the couples or fathers individually. As fathers wished for an increasing awareness and response to their loss, they also struggled with the taboo and silence that encircled the pregnancy loss. Fathers expressed the necessity for information in order to gain an understanding of what the situation was and what was going on and how to feel prepared for the situation. A possible rationale for the deprived flow of communication could be based on the routine of the hospital environment and its connection to pregnancy loss when seen medicalized. This means that some healthcare workers might categorize pregnancy loss as a diagnostic outcome rather than an unanticipated tragedy and not provide emotional support,

therefore some fathers were confused by the use of the medical jargons or some inappropriate terminology which seem to be insensitive and confusing (Samuelsson et. al. 2001; McCreight, 2004; Anna Liisa Aho et. al. 2009; Cacciatore et. al. 2013).

Seeing and Holding

One of the most critical decisions faced by fathers is engaging with the deceased baby by seeing and holding the deceased infant, although there are still controversies in various regions and cultures of the world over this component of care. In most high-income earning countries, fathers and couples expressed positive outcomes creating memories by bonding and creating a sense of identity for the baby, which aided the grieving experience, when patenting and care for their baby. Also, in low income earning countries, the opportunities were not commonly provided or inculcated as part of care. Most fathers' express hesitation, anxiety, and fear when encourage to see and hold their baby, although it is a difficult moment for fathers when coming in contact with the baby. This was a significant facilitator of the grieving experience. In this experience of grief, the possibility of intense attachments may arise triggering some psychological imbalance. Fathers who declined the opportunity to see and hold their baby expressed regret wishing they would have to reconsider the decision if provided the opportunity once more. Furthermore, once there is the choice of either seeing and holding the deceased baby arises, encircled by a social or cultural context this signifies the importance of recognizing and confronting their feelings rather than avoidance or suppression their feelings, which would encourage an acceptance (Samuelsson et. al. 2001; McCreight, 2004; Abboud & Liamputtong, 2005; O'Leary & Thorwick, 2006).

Creating memories

Fathers perceived the creation of memories as very valuable experience for the formation of bonds and parenting between their deceased babies, creating a sense of identity for their baby. This ritual activity is facilitated by the healthcare worker includes talking to the baby, bathing, and dressing, naming and engaging in religious ceremonies. Fathers also collect mementos items such as hair bonds, hands and footprints, and photos, which they expressed their appreciation to the healthcare staff for providing the memorabilia of the baby but often expressed dissatisfaction when they were not offered at the hospital (Samuelsson et .al 2001; McCreigh.t 2004; Abboud & Liamputtong, 2005; O'Leary &

Thorwick, 2006; Kelley & Trinidad, 2012; Weaver-Hightower, 2012; Cacciatore et. al. 2013).

Positive outcomes of the healthcare workers support were: support for fatherhood by recognition as they expressed their empathic, respect to the recognition of the baby, legitimizing fatherhood and preserving memories. Negative outcome mentioned earlier were: Non-responsive to the validation of their traumatic loss, insensitivity, and disrespect to the death of the baby.

8   APPLICATION OF FINDINGS TO NURSING

8.1   Roles of healthcare workers

Since there are various healthcare workers overlaying each other in the delivering bereavement care and counseling. The main objectives of nurses are to help the couples overcome grief by observing that both the father and the mother are seen as one being, by recognizing the presence of the father. Starting a normal grief response, actualize their loss, recognize their loss, assure couples that their feelings are natural and meet the individual needs of each couple.

Nurses must develop their own attitude of inclusiveness towards death and grief from the perspective of their individual cultures, which includes their beliefs, traditions, and values of grief. By recognizing that culture can at most times be superimposing on an individual, nurses can effectively recognize and acknowledge the fathers and mothers' feelings towards their loss within their own culture if they are of the same culture and seek for assistance from other nurses with similar culture with the fathers if they are of multicultural background (Judith, 1999, Armstrong, 2001 Christine et. al. 2013, Clemence et. al. 2017).

Interpersonal education through perinatal loss

Based on the objectives of this study, it was highlighted early on the importance of the relationship between the fathers and their spouses following a perinatal loss. it is very important that as fathers must be encouraged to relearn the world with their partners or spouses in order to facilitate their suffering in grief. In this study, it has been discovered

that suffering in perinatal loss is singular and can lead to an isolated progression also between couples it could be seen as an interexchange of emotional experience, individual style, meaning, and practice. Nurses could also do more in educating fathers, on the differing levels of anxiety which could occur in subsequent pregnancies after a loss, teach coping strategies which could be useful in a period of stress. Also, nurses could do more in the promotion of appreciativeness and communication between the couple (Armstrong, 2001). Since there is a known fact that there are disparities between gender expression and response to sufferings in grief, Fathers could be encouraged to participate in joint grieving plan to facilitate learning inside the framework of their relationship. By grieving together couples are learning more about themselves uniqueness, as they express the difference in their grieving experience. Developing plans that will go along with their day to day life activities, like planned rituals which include honoring their deceased babies yearly. (Kapy.fi, Judith, 1999, Armstrong, 2001)

Engaging Fathers through recovery programs

Upon discharging the couples, educating remains a very vital aspect in the effort to facilitate or help improve the emotional imbalance couples. By early identification and recognizing the needs of fathers after a perinatal loss, it is very important that the implementation of these follow-up programs which could help aid the fathers and contribute to the family's psychological well-being. Healthcare stations can have a partnership with non-profit organizations, which are able to offer specialized consulting and supportive services such as käpy ry and familia ry in Finland. Which provide support packages at the point of discharge, by providing information materials, brochures and forums for peer support groups. Before the discharge of mothers, healthcare worker could also engage the fathers by setting update within a month or two after the delivery to meet up with healthcare workers Anna Liisa Aho et. al. (2009).

During follow-up with the health care workers, the location for the meeting should be thoughtfully considered by recognizing the psychological effect that may have upon the return to the healthcare station and the potential confrontative nature of being amongst pregnant women or newborns at the point of early grief. Follow-up discussion should include 1. Events which might have led to the miscarriage and stillbirth. 2. Post-mortem results and findings. 3. Further information and continuous education. 4. Discussion on coping and support services (Armstrong, 2001).

Culturally engaged

As nurses in a multicultural society must endeavor to deliver culturally sensitive care by recognizing a patient in a multidimensional view. This will improve the ability to deliver a client-centered care by reflecting on the beliefs and values which will make an impact in the relationship between nurses and the client. The characteristics of nurses, which includes age, gender, past experiences, strengths and weaknesses, and cultural exposure have an impact on how nurses interact with patient or clients. Through reflective learning, support and cultural inclusiveness nurses can develop the ability to strengthen the quality of care they deliver to a diverse community in which they serve.

Furthermore, culturally competent care is very vital in bereavement care. The nurse must understand that 1. Every individual exists in a culture. 2. Culture is distinctive, and by individually assessing the applicable cultural aspects in the interior context of each circumstance for the individual client. 3. The culture an individual dwell in is influenced by numerous factors that include ethnicity, gender, religion, social- economic status, sex, and rituals. All these factors which impact an individual may vary from one society to another. 4. Culture remains active. Meaning it evolves throughout a period of time as the individual adapts new practices into their daily life. 5. The response to cultural disparities are involuntary, often happens unintentional and influences the dynamics of the relationship between nurses and client (Judith, 1999, Christine et. al. 2013).

9   CONCLUSION

Perinatal Loss is a devastating moment faced by most expectant couples in their reproductive years. Irrespective of the technological advancement in reproductive health technology and perinatal care, the experience of grieving couples have continued to undermine the assumption that most babies are born hundred percent healthy with no cause for concern. The psychosocial well-being and experiences of fathers following a perinatal loss are highly complex, with a limited amount of literature that could be found which focuses exclusively on fathers as most bereavement literature on perinatal loss focus on mothers. This study has shown from the objectives, that suffering occurs in various forms that affect fathers as they go through so many changes which have affected them emotionally, psychologically, physically and socially which all these variables that

are found due to perinatal loss though in comparison to the mothers has shown to be low intensity but, in some research, have shown that over during of period fathers have displayed high-intensity response to grief than mothers. These changes have altered fathers' behavior, mental imbalance, bring disenfranchised grief and prolong suffering during the perinatal loss, while taking the role of an invisible guardian in supporting and caring for their spouses.

In conclusion, the aims of this study provide shared insight on if fathers do suffer during perinatal loss and shared more light in a cultural dimension, which would increase awareness of suffering amongst fathers to nurses and other healthcare workers. Furthermore, it has shown that fathers will appreciate if efforts are made to recognize their needs and show a sense of belonging that they also need care. In order to add value to care, it is important to minimize misunderstandings that may easily occur during this period, as caregivers showing empathy, the use of medical terminology and cultural sensitivity must be conceded in order to avoid misleading expression. Finally, encroachment and accusations should be avoided in order not to cause deep suffering at the moment when the situation is overwhelming for the couples. It is important not to assume that fathers are coping fine since there is strong evidence of stoic behaviors which often masks the suffering felt by fathers. Society must improve and change their views through clinical and public education surrounding gender in pregnancy loss giving fathers the needed support without societal pressure to express their suffering.

9.1   Critical analysis of the study

There were various limitations to this study depending on the angle of observation, being the solitary researcher of this study, I had to be conscious of personal bias considering the close relationship between the research topic and researcher. However, the study identified several dimensions of fathers' suffering of grief in relation to the various theories cited. Also, limitation on getting primary data through interviews with fathers would have been perfect to get first-hand accounts but was tasking due to the sensitivity of the research topic, the collection of data, duration of response, data protection and privacy. Due to these factors, a literature review was decided upon although that had its own limitations and challenges, where there were limited articles available that focused on men. A systematic review was done by clemence et. al. [The impact of pregnancy loss

on men's health and wellbeing] on the research topic provided a gateway to most articles used for this study.

9.2 Recommendations

Further research on the suffering of fathers after a perinatal loss could focus on the recognition, intervention, and support that identifies negative health risks in fathers and also explore in a cultural dimension how grief affects fathers also modifying various instruments or scales in measuring grief to suit men. Effort should be made by nurses to use caution in the interpretation of the grieving experience of men, immigrant men, and refugee men as a divergent because of cultural norms may differ from one another than that of mainstream culture. Finally, better piloted and high-quality studies which evaluate the effects of an intervention that are aimed at improving the wellbeing outcomes of fathers are needed. As it was documented in this study, following the loss of pregnancy that psychological disturbance, impact in marital relationships were present. this would open more new gateways in longitudinal studies for fathers and also would expand the knowledge base in the countries with a changing cultural demographic like Finland, which has seen a rising trend in intercultural marriages or marriages were male partners are from another country (stat.fi), though statistical figures on pregnancy loss are low among most EU (European Union) and world statistics, there is a greater necessity to reach a population in need.

REFERENCES

Abboud, L, & Liamputtong, P. (2003). Pregnancy loss: What it means to women who miscarry and their partners. *Social Work in Health Care*, Vol 36 issue (3), pp 37-62. Available from:
https://www.researchgate.net/publication/10919210_Pregnancy_loss_what_it_means_to_women_who_miscarry_and_their_partners Accessed 18/04/2018

Abboud L, & Liamputtong, P. (2005) When pregnancy fails: coping strategies, support networks and experiences with health care of ethnic women and their partners. *Journal of reproductive and infant psychology.* Vol 23 issue (1), pp 3-18. Available from:
https://doi.org/10.1080/02646830512331330974 Accessed 18/04/2018

Alligood Martha Raile & Marriner-Tomey, Ann. Nursing theorists and their work. *Mosby Elsevier cop.* 2010. 7th edition

Anna Liisa Aho, Marja-Terttu Tarkka, Päivi Åstedt-Kurki, and Marja Kaunonen, (2009) Fathers' Experience of Social Support After the Death of a Child. *American Journal of Men's Health* Vol 3 issue (2), pp 93-103. Available from:
http://journals.sagepub.com/doi/pdf/10.1177/1557988307302094 Accessed 25/05/2018

Anderson, H. (2010). Common grief, complex grieving. *Pastoral Psychol*. vol 59. issue (2), pp 127-136. Available from:
http://web.b.ebscohost.com.ezproxy.uef.fi:2048/ehost/pdfviewer/pdfviewer?vid=3&sid=4c1ec7c8-3d43-4ded-a335-b253ed8caf02%40sessionmgr104 Accessed 18/04/2018

Armstrong, Deborah (2002)**.** Exploring Fathers' Experiences of Pregnancy After a Prior Perinatal Loss. Available from:http://ovidsp.uk.ovid.com.ezproxy.uef.fi:2048/sp-3.30.0b/ovidweb.cgi?&S=HJMHPDNHPOHFKPKJFNEKKBDGFBIMAA00&Link+Set=S.sh.21%7c1%7csl_10 Accessed 18/04/2018

Armstrong, Deborah, (2002). Emotional distress and prenatal attachment in pregnancy after perinatal loss. *Journal of Nursing Scholarship*, vol 34 issue (4), pp 339-455. Available from: https://doi.org/10.1111/j.1547-5069.2002.00339.x Accessed 10/03/2018

Armstrong, D, Hutti, M.H., & Myers, J. (2009). The influence of prior perinatal loss on parents' psychological distress after the birth of a subsequent healthy infant. *Journal of Obstetric, Gynecologic and Neonatal Nursing*, vol 38 issue (6), pp 654-669. Available from: https://doi.org/10.1111/j.1552-6909.2009.01069.x Accessed 10/03/2018

Attig, Thomas. (2004). Meanings of death seen through the lens of grieving. *Death Studies*, Vol 28, pp 341- 360. Available from:
https://doi.org/10.1080/07481180490432333 Accessed 21/02/2018.

Bangal, V.B., Shalini, Y., Sachadev, Suryawanshi, M. (2013). Grief following pregnancy loss – Literature review. *International Journal of Biomedical Research*, Vol 4 issue (4), pp 167-172.

https://www.researchgate.net/publication/273503478_Grief_Following_Pregnancy_Loss_-_Literature_Review Accessed 10/02/2018

Barr Peter (2004). Guilt- and shame-proneness and the grief of perinatal bereavement. *Psychology and Psychotherapy: Theory, Research and Practice*, vol 77, pp 493-510. Available from: https://doi.org/10.1348/1476083042555442 Accessed 18/02/2018

Barr Peter & Cacciatore Joanne (2007). Problematic emotions and maternal grief. Omega: *Journal of Death and Dying*, vol 56, pp 331-348. Available from: http://journals.sagepub.com/doi/pdf/10.2190/OM.56.4.b Accessed 18/02/2018

Bereavement: Reactions, Consequences, and Care. Available from: http://www.nap.edu/catalog/8.html Accessed 18/04/2018

Beth Perry Black, Patricia Moyle Wright, Rana Limbo. (2015) Perinatal and Pediatric bereavement in nursing and other health professions. Available from: http://lghttp.48653.nexcesscdn.net/80223CF/springer-static/media/samplechapters/9780826129260/9780826129260_chapter.pdf Accessed 18/05/2018

Beutel, M., Willner, H., Deckardt, M., Von Rad, M., & Weiner, H. (2006). Similarities and differences in couples' grief reactions following a miscarriage: Results from a longitudinal study. *Journal of Psychosomatic Research*, Vol 40, pp 245– 253. Available from: https://doi.org/10.1016/0022-3999(95)00520-X Accessed 18/04/2018

Bonnette Shari, & Broom Alex (2012). On grief, fathering and the male role in men's accounts of stillbirth. *Journal of Sociology*. vol 48: issue (3), pp 248-265. Available from: https://doi.org/10.1177/1440783311413485 Accessed 18/03/2018

Brownlee, K., & Oikonen, J. (2002). Family therapy following perinatal bereavement: *Journal of Social Work.* Available from: https://www.researchgate.net/profile/Keith_Brownlee/publication/232697101_Family_therapy_following_perinatal_bereavement/links/09e4150ec2569ee836000000.pdf Accessed 18/03/2018

Brownlee, K., & Oikonen, J. (2004). Toward a theoretical framework for perinatal bereavement. *British Journal of Social Work*, vol 34, pp 517-529. Available from:

https://www.researchgate.net/profile/Keith_Brownlee/publication/232697097_Toward_a_Theoretical_Framework_for_Perinatal_Bereavement/links/566ee17708ae0cf679106f58/Toward-a-Theoretical-Framework-for-Perinatal-Bereavement.pdf Accessed 12/04/2018

Cacciatore, Joanne. & Bushfield Suzanne. (2008). Stillbirth: A Sociopolitical Issue. *Journal of Women and Social Work*, vol 23 issue (4), pp 378-387. Available from: https://doi.org/10.1177/0886109908323972 Accessed 10/05/2018

Cacciatore Joanne, Schnebly Stephen, Froen Frederik. (2009). The effects of social support on maternal anxiety and depression after stillbirth. *Health and Social Care in the Community*, vol 17, issue (2), pp 167–176. Available from: https://doi.org/10.1111/j.1365-2524.2008.00814.x Accessed 12/03/2018

Cacciatore Joanne, Erlandsson Kertin, Radestad Ingela (2013). Fatherhood and suffering: a qualitative exploration of Swedish men's experiences of care after the death of a baby. *International Journal of Nursing Studies.* vol 50 issue (5), pp 664-670. Available from: https://doi.org/10.1016/j.ijnurstu.2012.10.014 Accessed 14/03/2018

Christine Jonas-Simpson, Beryl Pilkington, Cynthia MacDonald, Eileen McMahon (2013) Nurses' Experiences of Grieving When There Is a Perinatal Death. Available from: https://doi.org/10.1177/2158244013486116 Accessed 17/04/2018

Claudia Whitaker, Karen Kavanaugh, Carrie Klima, 2013 Perinatal Grief in Latino Parents. vol 35 issue (6), pp 341-345. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3648338/ Accessed 16/03/2018

Clemence Due, Stephanie Chiarolli and Damien W. Riggs (2017) The impact of pregnancy loss on men's health and wellbeing: *a systematic review*. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5688642/ Accessed 05/02/2018

Conway Kim, & Russell Graeme. (2000). Couples' grief and experience of support in the aftermath of miscarriage. *British Journal of Medical Psychology*, vol 73 issue (4), pp 531-545. Available from: https://doi.org/10.1348/000711200160714 Accessed 10/02/2018

Corbet-Owen, Carina. (2003). Women's perceptions of partner support in the context of pregnancy loss. *South African Journal of Psychology*, vol 33 issue (1), pp 19-27. Available from: https://doi.org/10.1177/008124630303300103 Accessed 10/05/2018

Cowles Kathleen 1996. Cultural perspectives of grief: an expanded concept analysis. Journal of Advanced Nursing, vol 23, issue (2), pp 287-294. Available from: https://doi.org/10.1111/j.1365-2648.1996.tb02669.x Accessed 18/04/2018

Davies Ruth, (2004). New understandings of parental grief: literature review. *Journal of Advanced Nursing*, vol 46, pp 506-513. Available from: https://doi.org/10.1111/j.1365-2648.2004.03024.x Accessed 14/03/2018

Daniel Alves, Ines Mendes, Miguel Goncalves, & Robert Neimeyer, (2012). Innovative Moments in Grief Therapy: Reconstructing Meaning Following Perinatal Death. *Death Studies*, vol 36, pp 705-818. Available from: https://doi.org/10.1080/07481187.2011.608291 Accessed 15/03/2018

Elena Toffol Mental health and reproductive health in women. Available from: https://helda.helsinki.fi/bitstream/handle/10138/39289/mentalhe.pdf?sequence=1 Accessed 15/03/2018

Elizbeth Kuler-Ross five stages of grief (2018). Available from: https://www.psycom.net/depression.central.grief.html Accessed 10/02/2018

Eriksson, Katie. (1997). Understanding the World of the Patient, the Suffering Human Being: The New Clinical Paradigm from Nursing to Caring. *Advanced Practices Nursing Quarterly*, vol 3 issue (1), pp 8-13.

Eriksson, Katie. (2002). Caring Science in a New Key. *Nursing Science Quarterly*, vol 15 issue (1), pp 61-65.

Eriksson, Katie. (2006). The suffering human being. *Nordic Studies Press, IL, Chicago*.

Fenstermacher, K., Hupcey, J. (2013) Perinatal bereavement: A principle-based concept analysis. *Journal of Advanced Nursing* vol 69 issue (11). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3675189/ Accessed 16/04/2018

Folkman, Susan., Lazarus, Richard S., Rand J, Gruen, & Anita DeLongis (1986). Appraisal, coping Health status and psychological symptoms. Available from:

https://www.researchgate.net/profile/Anita_Delongis2/publication/19459529_Appraisal _Coping_Health_Status_and_Psychological_Symptoms/links/09e415089b23fd5e93000 000/Appraisal-Coping-Health-Status-and-Psychological-Symptoms.pdf Accessed 14/03/2018

Franche Renee-Louise & Mikail, Samuel (1999). The impact of perinatal loss on adjustment to subsequent pregnancy. *Social Science & Medicine*, Vol 48 issue (11), pp 1613-1623. Available from: https://doi.org/10.1016/S0277-9536(98)00438-9 Accessed 14/03/2018

Frost, M., & Condon, J.T. (1996). The psychological sequelae of miscarriage: A critical review of the literature. *Australian and New Zealand Journal of Psychiatry*, vol 1, issue (30), pp 54-62. Available from: https://doi.org/10.3109/00048679609076072 Accessed 14/03/2018

Gillies James & Neimeyer, Rorbert (2006). Loss, grief, and the search for significance: Toward a model of meaning reconstruction in bereavement. *Journal of Constructivist Psychology*, vol 19, pp 31-65. Available from: https://www.researchgate.net/profile/James_Gillies/publication/247512050_Loss_Grief _and_the_Search_for_Significance_Toward_a_Model_of_Meaning_Reconstruction_in_ Bereavement/links/583f8a1308ae2d217557e82e/Loss-Grief-and-the-Search-for-Significance-Toward-a-Model-of-Meaning-Reconstruction-in-Bereavement.pdf Accessed 14/03/2018

Gold Katherine, Sen Ananda & Hayward Rodney. (2010). Marriage and cohabitation outcomes after pregnancy loss. *Pediatrics*, vol 125, pp 1202 -1207. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2883880/ Accessed 14/03/2018

Guidelines for health care professionals supporting families experiencing a perinatal loss. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2807762/ Accessed 14/03/2018

Judith Gardner 1999 Perinatal Death: Uncovering the Needs of Midwives and Nurses and Exploring Helpful Interventions in the United States, England, and Japan. Available from: https://doi.org/10.1177/104365969901000205 Accessed 18/04/2018

Judith McCoyd & Carolyn Ambler Walter (2016). Grief and Loss Across the Lifespan: A Biopsychosocial Perspective. pp 59-82. Available from: http://lghttp.48653.nexcesscdn.net/80223CF/springer-

static/media/samplechapters/9780826120281/9780826120281_chapter.pdf Accessed 14/05/2018

Jyväskylän Yliopisto - *Thematic analysis*. Available from:

https://koppa.jyu.fi/avoimet/hum/menetelmapolkuja/en/methodmap/data-analysis/thematic-analysis Accessed 25/03/2018

Karen Kavanaugh & Patricia Hershberger.(2005) Perinatal Loss in Low-income African American Parents: *The Lived Experience*. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1388191/ Accessed 18/03/2018

Kelley MC, Trinidad SB. (2012) Silent loss and the clinical encounter: Parents' and physicians' experiences of stillbirth-a qualitative analysis. *BMC Pregnancy Childbirth*. Available from: https://bmcpregnancychildbirth.biomedcentral.com/track/pdf/10.1186/1471-2393-12-137 Accessed 17/03/2018

Kersting Anette & Wagner Birgit. (2012). Complicated grief after perinatal loss. *Dialogues in Clinical Neuroscience*, vol 14 issue (2), pp 187-198. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3384447/ Accessed 15/06/2018

Koopmans L, Wilson T, Cacciatore J, Flenady V. (2013) Support for mothers, fathers and families after perinatal death. Available from: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000452.pub3/full Accessed 16/03/2018

Lang Ariella, Fleiszer Andrea, Duhamel Fabie, Sword Wendy, Gilbert Kathleen & Corsini-Munt, Serena. (2011). Perinatal loss and parental grief: The challenge of ambiguity and disenfranchised grief. *Omega: Journal of Death & Dying*, vol 63 issue (2), pp 183-196. Available from: https://doi.org/10.2190/OM.63.2.e Accessed 14/03/2018

Lars Platin, Adepeju Aderemi Olukoya & Pernilla NY (2011) Positive health outcomes of fathers' involvement in pregnancy and childbirth paternal support*: a scope study literature review*. Available from: https://pdfs.semanticscholar.org/20ea/6c5b4c442ff7c4dad98efe011eb1582607b1.pdf Accessed 18/03/2018

Leininger Madeleine. (1991). Culture Care diversity and universality: A theory of nursing. *National League for Nursing, New York.* Available from: http://www.madeleine-leininger.com/cc/overview.pdf Accessed 16/03/2018

Leininger Madeleine 1995. Transcultural Nursing Concepts, Theories, Research and Practice. Available from: http://www.madeleine-leininger.com/cc/overview.pdf Accessed 16/03/2018

Leininger Madeleine (1997b). Understanding cultural pain for improved health care. *Journal of Transcultural Nursing*, 9 (1), 32-35. Available from: http://www.madeleine-leininger.com/cc/overview.pdf Accessed 16/03/2018

Leininger Madeleine (2002a). Essential Transcultural Nursing Care Concepts, Principles, Examples, and Policy Statements. In: Leininger, M. & McFarland, M (Editors). *Transcultural nursing. Concepts, theories, research & practice. (Third edition)*. McGraw-Hill, New York, pp 45-69. Available from: http://www.madeleine-leininger.com/cc/overview.pdf Accessed 16/03/2018

Leininger Madeleine (2002b). The theory of Culture Care and Ethnonursing Research method. In: Leininger, M. & McFarland, M. (Editors). *Transcultural nursing. Concepts, theories, research & practice. (Third edition). McGraw-Hill, New York*, pp 71-98. Available from: http://www.madeleine-leininger.com/cc/overview.pdf Accessed 16/03/2018

Leininger Madeleine (2005a). Culture Care Diversity and Universality Theory and Evolution of the Ethnonursing Method. In: Leininger, M. & McFarland, M. (Editors) Culture Care Diversity and Universality. A worldwide Nursing Theory. (Second edition). *Jones and Bartlett publishers, Sundbury,* pp 1-42. Available from: http://www.madeleine-leininger.com/cc/overview.pdf Accessed 16/03/2018

Lorelli Nowell, Jill Norris, Deborah White & Nancy Moules Thematic Analysis: Striving to Meet the Trustworthiness Criteria. Available from: http://journals.sagepub.com/doi/pdf/10.1177/1609406917733847 Accessed 16/03/2018

Marcus Weaver-Hightower (Waltzing Matilda) (2012), An Autoethnography of a Father's Stillbirth. *Journal of contemporary ethnography* vol 41 issue (4), pp 462-491. Available from: http://journals.sagepub.com/doi/pdf/10.1177/0891241611429302 Accessed 04/03/2018

Martin Johnson (2002). An Exploration of Men's Experience and Role at Childbirth. Available from: https://doi.org/10.3149/jms.1002.165 Accessed 14/03/2018

Margaret Samuelsson, Ingela Radestad, Kerstin Segesten. (2001) A waste of life: fathers' experience of losing a child before birth. *Birth*. vol 28 issue (2), pp 124–30. Available from: https://doi.org/10.1046/j.1523-536X.2001.00124.x Accessed 19/04/2018

Margaret Stroebe & Henk Schut (1999). The dual process model of coping with bereavement: *Rationale and description. Death Studies*, vol (23), pp 197-224. Available from: https://doi.org/10.1080/074811899201046 Accessed 14/03/2018

McCreight, Bernadette Susan. (2004). A grief ignored: Narratives of pregnancy loss from a male perspective. *Sociology of Health and Illness*, vol 26 issue (3), pp 326 -350. Available from: https://doi.org/10.1111/j.1467-9566.2004.00393.x Accessed 19/04/2018

Meleis Afaf. (1999). Culturally competent care. *Journal of Transcultural Nursing*, vol 10 issue (1), pp 12.

Murphy Fiona (1998) The experience of early miscarriage from a male perspective. Available from: https://doi.org/10.1046/j.1365-2702.1998.00153.x Accessed 18/03/2018

Nathaniel J. Wagner, Colin T. Vaughn, and Victor E. Tuazon. Fathers' Lived Experiences of Miscarriage (2018). Available from: https://doi.org/10.1177/1066480718770154 Accessed 18/03/2018

Nyback, Maj-Helen, (2008) Generic and professional caring in a Chinese setting: an ethnographic study. *Åbo Akademi University Press* Accessed 18/03/2018

O'Leary, J., & Thorwick, C. (2006). Fathers' perspectives during pregnancy: Postperinatal loss. Journal of Obstetric, Gynecologic, & Neonatal Nursing: *Clinical Scholarship for the Care of Women, Childbearing Families, & Newborns*, vol 35 issue (1), pp 78-86. Available from: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.613.1133&rep=rep1&type=pdf Accessed 15/05/2018

Patricia Moyle Wright. (2011), Barriers to a comprehensive understanding of pregnancy loss. *Journal of Loss and Trauma,* vol 16, pp 1-12. Available from: https://doi.org/10.1080/15325024.2010.519298 Accessed 14/03/2018

Papadoupolos, I., Tilki, M. & Taylor, G. 1998. Transcultural care. A guide for Health Care Professionals. *Quay Books, Wilts, UK*. Available from: https://www.researchgate.net/publication/285849542_The_Papadopoulos_Tilki_and_Taylor_model_for_the_development_of_cultural_competence_in_nursing Accessed 14/02/2018

Puddifoot, J. E., & Johnson, M. P. (1997). The legitimacy of grieving: The partner's experience at miscarriage. Social Science and Medicine, vol 45, pp 837-845. Available from: https://doi.org/10.1016/S0277-9536(96)00424-8 Accessed 14/03/2018

Rando TA. A perspective on loss, grief and mourning. In: Rando TA, editor. Treatment of Complicated Mourning. Champaign: Research Press; 1993. pp 19–77.

Rando TA. Therese Rando's six R's. Available from: https://www.mentalhelp.net/articles/stage-of-grief-models-rando/ Accessed 28/03/2018

Rich Deborah. (2000). The Impact of Post pregnancy Loss Services on Grief Outcome: Integrating Research and Practice in the Design of Perinatal Bereavement Programs. *Illness, Crisis & Loss*, vol 8, pp 244-264. Available from: https://doi.org/10.1177/105413730000800303 Accessed 14/03/2018

Rinehart, M. S., & Kiselica, M. S. (2010). Helping men with the trauma of miscarriage. Psychotherapy: *Theory, Research, Practice, Training*, vol 47issue (3), pp 288-295. Available from: https://www.researchgate.net/publication/221688079_Helping_men_with_the_trauma_of_miscarriage Accessed 14/03/2018

Saflund Karin. & Wredling Regina. (2006). Differences within couples' experience of their hospital care and well-being three months after experiencing a stillbirth. *Acta

Obstetrics Gynaecology   Scandinavia, vol 85issue (10), pp 1193–1199. Available from: https://doi.org/10.1080/00016340600804605 Accessed 19/04/2018

Serrano Fatima & Maria Luisa Lima. (2006) Recurrent miscarriage: psychological and relational consequences for couples. *Psychology and Psychotherapy Theory and research*. Available from: https://doi.org/10.1348/147608306X96992 Accessed 14/06/2018

Statistics Finland, *Marriages contracted* Available from*:* https://www.stat.fi/tup/maahanmuutto/perheet/solmitut-avioliitot_en.html

Terveyden Ja Hyvinvoinnin Latitos (THL) https://thl.fi/fi/tilastot-ja-data/aineistot-ja-palvelut/avoin-data

The University of Auckland, New Zealand (2018). Available from: https://www.psych.auckland.ac.nz/en/about/our-research/research-groups/thematic-analysis/about-thematic-analysis.html Accessed 20/03/2018

Toffol, E., Koponen, P., & Partonen, T. (2013). Miscarriage and mental health: *Results of two   population*. Available from: https://doi.org/10.1016/j.psychres.2012.08.029 Accessed 14/04/2018

Turton P., Hughes, P., Evans, C. D. H., & Fainman, D. (2001). Incidence, correlates and predictors of post-traumatic stress disorder in the pregnancy after stillbirth. *British Journal of Psychiatry*, vol 178, pp 556–560. Available from: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/3DB02857ADA4B5C97941956210676E7C/S0007125000156879a.pdf/incidence_correlates_and_predictors_of_posttraumatic_stress_disorder_in_the_pregnancy_after_stillbirth.pdf Accessed 10/04/2018

Umphrey Laura & Cacciatore, Joanne. (2011). Coping with the ultimate deprivation: Narrative themes in a parental bereavement support group. Omega: *Journal of Death and Dying*, vol 63, pp 141-160. Available from: https://doi.org/10.2190/OM.63.2.c Accessed 14/03/2018

Van Paulina. (2012). Conversations, coping, & connectedness: A qualitative study of women who have experienced involuntary pregnancy loss. Omega: *Journal of Death & Dying*, vol 65 issue (1), pp 71-85. Available from: https://doi.org/10.2190/OM.65.1.e Accessed 24/03/2018

Vance JC, Boyle FM, Najman JM, Thearle MJ, (2002) Couple distress after sudden infant or perinatal death: a 30-month follow up. *Journal Pediatric Child Health*. Available from: https://doi.org/10.1046/j.1440-1754.2002.00008.x Accessed 18/03/2018

World Health Organization (WHO) *Maternal, newborn, child and adolescent health.* https://www.who.int/maternal_child_adolescent/epidemiology/stillbirth/en/

APPENDICES

APPENDIX 1: list of articles from various database sources

Database search	Number of articles
Wiley Online Library	5
Sage Premier	4
Science Direct	2
Biomed Central	1
Cambridge	1
Google	1
Ovid	1
Research Gate	1
Taylor and Francis Online	1
Total	17

APPENDIX 2: *Illustration of search process*

```
┌──────────────────────────────────────────────────────────────────┐
│  Searches from databases: Arcada Library, University of eastern    │
│  Finland library FINNA and Google                                  │
└──────────────────────────────────────────────────────────────────┘

┌─────────────────────────────┐      ┌─────────────────────────────┐
│ Articles identified through │      │ Manual search (references   │
│ database searching using    │      │ list, citations, and        │
│ keywords (n= 5588)          │      │ relevant articles) (n= 58)  │
└─────────────────────────────┘      └─────────────────────────────┘
                │                                    │
                └─────────────┬──────────────────────┘
                              ▼
            ┌─────────────────────────────────┐
            │ Articles removed after           │
            │ duplication (n=1070)             │
            └─────────────────────────────────┘
                              │
                              ▼
            ┌─────────────────────────────────┐      ┌──────────────────────────────┐
            │ Titles and abstracts of articles │─────▶│ Articles which did not meet   │
            │ screened (n=3254)                │      │ the inclusion criteria        │
            │                                  │      │ (n=3581)                      │
            │                                  │─────▶├──────────────────────────────┤
            └─────────────────────────────────┘      │ Articles that could not be    │
                              │                       │ retrieved (n=15)              │
                              ▼                       └──────────────────────────────┘
            ┌─────────────────────────────────┐      ┌──────────────────────────────┐
            │ Articles with Full-text assessed │─────▶│ Articles were excluded based  │
            │ for eligibility (n= 279)         │      │ on abstract, title and access │
            └─────────────────────────────────┘      │ (n=257)                       │
                              │                       └──────────────────────────────┘
                              ▼
            ┌─────────────────────────────────┐
            │ Studies assessed for             │
            │ methodological quality (n=25)    │
            └─────────────────────────────────┘
                              │
                              ▼
            ┌─────────────────────────────────┐
            │ Studies which included in the    │
            │ review (n=17)                    │
            └─────────────────────────────────┘
                    │                   │
                    ▼                   ▼
      ┌───────────────────────┐  ┌───────────────────────┐
      │ Qualitative studies   │  │ Quantitative studies  │
      │ (n=14)                │  │ (n=3)                 │
      └───────────────────────┘  └───────────────────────┘
```
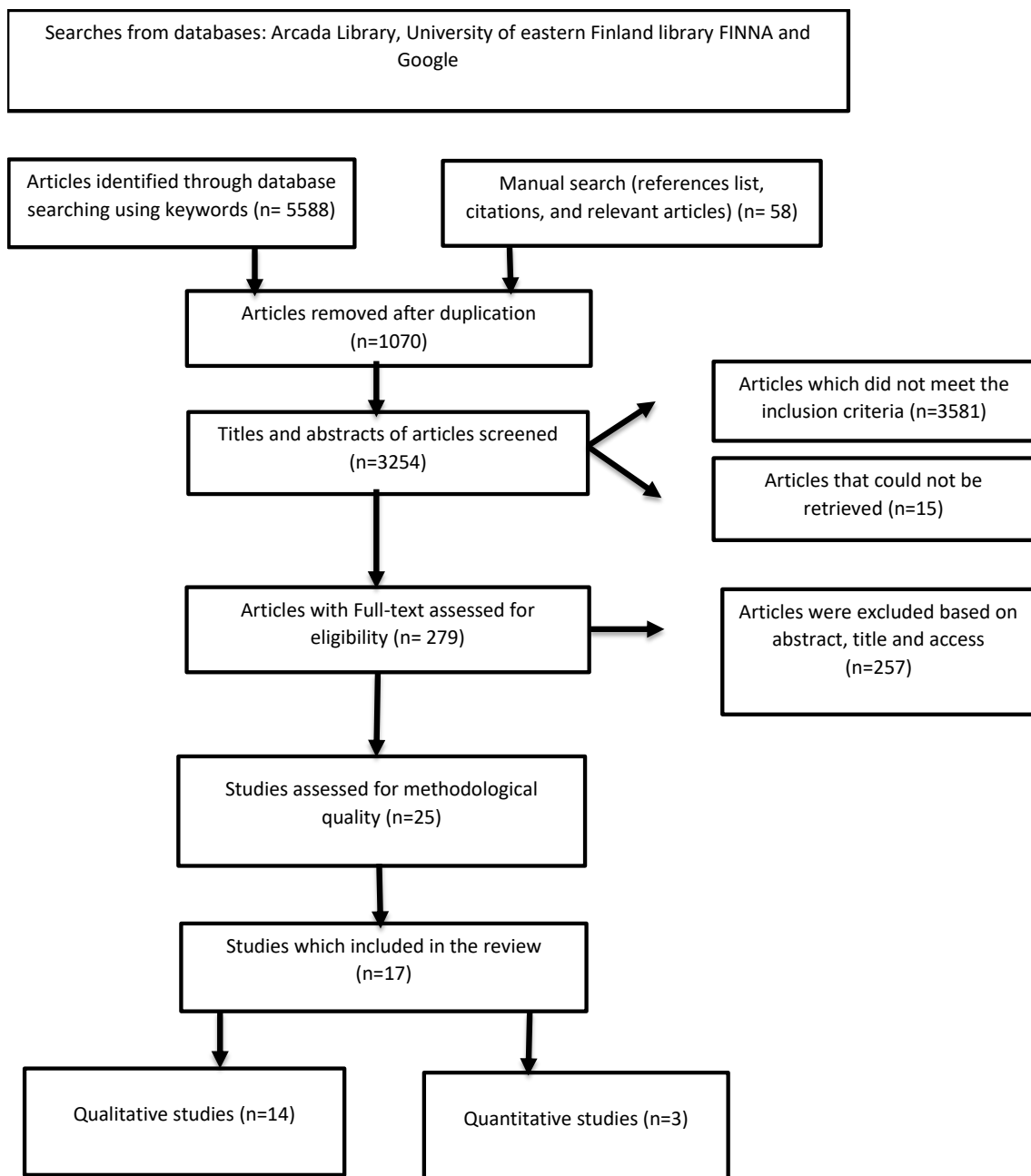
Figure 2. *Illustration of the search process*

APPENDIX 3: Table 2. Father experience of suffering during a perinatal loss

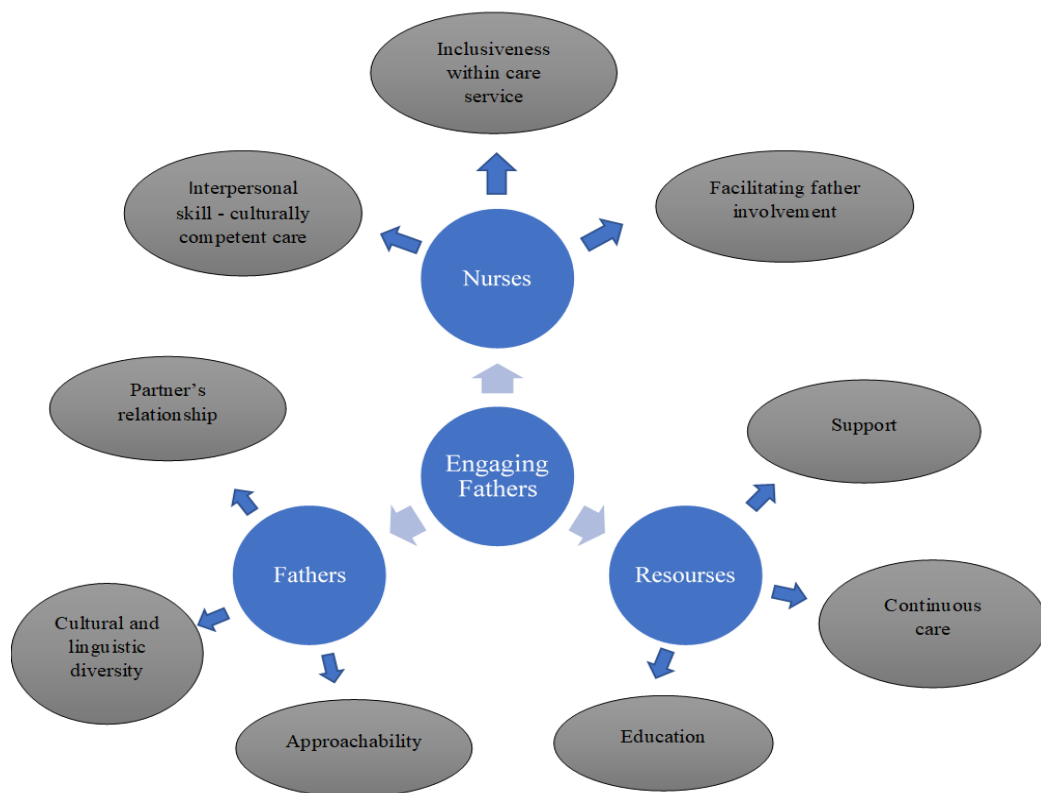| Objectives of the study	Themes	Subthemes		Name of authors that made indications on the themes.
Father experience of suffering during a perinatal loss	Technologic photo imagery	Identity	Validation of fatherhood	*Puddifoot & Johnson, (1997); Murphy, (1998); Armstrong, (2001); McCreight, (2004); O'Leary & Thorwick, (2006); Bonnette & Broom, (2011); Marcus Weaver-Hightower (2012); Cacciatore et. al. (2013); Wagner et. al. (2018)*
			Validation of child	
	Stereotypes	Culture	The gendered disparity in grief	*Puddifoot & Johnson, (1997); Murphy, (1998); Vance JC. et. al. (2002); Abboud & Liamputtong, (2005); O'Leary & Thorwick (2006); Samuelsson et. al. (2001); Bonnette & Broom, (2011).*
			Gender identity Role of "Masculinity" or the "Male Role"	

APPENDIX 4: Table 3: The kinds of suffering fathers go through during and after perinatal loss.

Objectives of the study	Themes	Subthemes	Name of authors that made indications on the subtheme.
Kinds of suffering	Social Recognition	Socialization of gender (Marginalization & Disenfranchisement)	Armstrong, (2001); Samuelsson et. al. (2001); Abboud & Liamputtong, (2003); McCreight, (2004); Abboud & Liamputtong, (2005); O'Leary & Thorwick (2006); Bonnette & Broom, (2011); Weaver-Hightower, (2012); Kelley & Trinidad, (2012); Cacciatore et. al. (2013); Wagner et. al. (2018).
		Stoicism	
	Mixed feelings	Shock, Anger, Guilt, feelings of frustration and self-blame	Murphy, (1997); Samuelsson et. al. (2001); O'Leary & Thorwick (2006); Weaver-Hightower (2012); Cacciatore et. al. (2013)
		Coping	Murphy (1998); Samuelsson et. al. (2001); Abboud. & Liamputtong (2005); O'Leary& Thorwick, (2006); Turton et. al. (2006)
	Psychological disturbance	Anxiety & worry, Depression & PTSD	Samuelsson et. al. (2001); Vance JC et. al. (2002); Turton et. al. (2006).
	Impact on relationship	Loss of sexual intimacy, communication and marital satisfaction	Vance et. al. (2002); Serrano & Lima, (2006);

APPENDIX 5: Table 4. The kinds of support

Objectives of the study	Themes	Subthemes		Name of authors that made indications on the subthemes
Kinds of support	Support	Social support		*Murphy, (1998); Samuelsson et. al. (2001); McCreight, (2004); Abboud & Liamputtong, (2005); O'Leary & Thorwick, (2006); Anna Liisa Aho et. al. (2009); Kelley & Trinidad, (2012); Weaver-Hightower, (2012); Cacciator. et. al. (2013)*
		Interpersonal support		
		Professional Sup-port	See and holding	
			Creating memory	

APPENDIX 6: Figure 3: Engaging fathers

APPENDIX 7: LIST OF ARTICLES:

Author, Year & Title:	Study Design: Phenomenological Approach, Qualitative study.
John E. Puddifoot & Martin P. Johnson, 1997.	Study Aim: Exam the experience of fathers, whose wives recently had a miscarriage.
	Recruitment: 20 men randomly selected from 42 volunteers. (19-35) years
"The Legitimacy of Grieving: The Partner's experience at Miscarriage"	Assessment tools: Semi-structured interviews
	Findings: Ultrasound created emotional bond with the baby, fathers were impacted by psychological and emotional.

Author, Year & Title:	Study Design: Phenomenological Approach, Qualitative study.
Fiona A. Murphy,1997	Study Aim: Describe the experience of early miscarriage from the male perspective.
"The Experience of Early Miscarriage from Male Perspective"	Recruitment: Snowballing, Men whose partner had a miscarriage within 6 months failed but was extended to 2 years prior.
	Assessment tools: Interviews, response to 7 categories relating to men's experience.
	Finding: 7 categories relating to men's experiences on miscarriage were identified: Feeling, loss, coping, time, gender difference what to do?

Author, Year & Title:	Study Design: Phenomenological Approach, Qualitative study.
Deborah Armstrong, 2001	Study Aim: To explore fathers' experience of pregnancy after a perinatal loss.
	Recruitment: Healthcare worker at health stations in two metropolitan cities.
"Exploring Fathers' Experience of Pregnancy After a prior Perinatal Loss"	Assessment tools: Interviews with 4 men whose wife were pregnant subsequent to pervious perinatal loss.
	Finding: Support, Recognition of fathers and babies, Rituals and interaction, Partner were of priority, support.

Author, Year & Title:	Study Design: Phenomenological Approach, Qualitative study.
Margaret Samuelsson, Ingela Rädestad & Kerstin Segesten	Study Aim: Describe how fathers experienced the loss of a baby due to fetal death during week 32-42 of pregnancy.
	Recruitment: Written invitation
"A Waste of Life: Fathers' Experience of Losing a Child before Birth"	Assessment tools: Interviews were conducted over a time period of 5- 27 months, in the homes and hospital. Age 31-46.
	Finding: Emotional displays, Protected partner, recognition of baby. Received support and information, the use of "Medical terminology or jargon" was unsatisfying. Rituals and interaction.

Author, Year & Title:	Study Design: Quantitative study
JC Vance, FM Boyle, JM Najman & MJ Thearle 2002.	Study Aim: To study within a 30-month period, the traces of anxiety, depression and alcohol usage follow perinatal loss.
	Recruitment: Standardized Interviews
"Couple Distress after Sudden Infant or Perinatal Death: A 30-Month Follow up"	Assessment tools: Interviews of 138 grieving couple and 156 of non-grieving couples at various time period 2, 8, 15, 30 months of post loss.
	Finding: Gender difference are common and may change over time. Also noted that as mothers distress declines after loss over a period of time but saw an increase in fathers after 2-year period.

Author, Year & Title:	Study Design: Phenomenological Approach, Qualitative study
Lina Nadia Abboud & Pranee Liamputtong, 2003.	Study Aim: To create awareness on the fathers' experience of pregnancy loss
	Recruitment: Snow-ball Technique
"Pregnancy Loss: What it means to Women Who Miscarry and Their Partners"	Assessment tools: Semi-structured interviews
	Finding: Stoicism, societal pressures, moving on.

Author, Year & Title: *Bernadette Susan McCreight, 2004.* *"A Grief Ignored: Narratives of Pregnancy Loss from a Male Perspective"*	**Study Design: Qualitative study.**
	Study Aim: *To examine the attitude within medical context and the impact of loss on male partners.*
	Recruitment: *Self-help groups*
	Assessment tools: *In-depth interview with 14 men, which also included 32 midwives and nurses.*
	Finding: *Self-blame, Loss of identity, Validation, Recognition, Societal pressure on fathers to support their wives, Collection of mementos, Lack of support.*

Author, Year & Title: *Lina Nadia Abboud & Pranee Liamputtong, 2005.* *"When Pregnancy fails: Coping Strategies, Support Networks and Experiences with Health care of ethics women and their Partners"*	**Study Design:** *Phenomenological Approach, Qualitative study.*
	Study Aim: *Examines the experience of miscarriage on women and the partners*
	Recruitment: *Snow-ball Technique*
	Assessment tools: *Interview*
	Finding: *Coping strategies, support networks, social and culture background play a key role in health. Relay of information.*

Author, Year & Title: *Joann O'Leary & Clare Thorwick, 2006.* *"Fathers' Perspectives during Pregnancy, Post perinatal Loss"*	**Study Design:** *Descriptive Phenomenology*
	Study Aim: *Fathers' perspective about experience of perinatal loss*
	Recruitment: *Newsletter, Perinatal centre, Snowball.*
	Assessment tools: *Interviews were conducted at home and at clinic. 10 fathers who has experience perinatal loss within a year or following subsequent pregnancy.*
	Finding: *Stoicism, lack of recognition, preoccupation, suppression of emotion and anxiety.*

Author, Year & Title: *Penelope Turton, William Badenhorst, Patricia Hughes, Julia Ward, Samantha riches & Sarah White, 2006. "Psychological impact of stillbirth on fathers in Subsequent Pregnancy and Puerperium".*	***Study Design: Quantitative study***
	Study Aim: *To access the psychological morbidity of fathers and identify the risk.*
	Recruitment: *Cohort Study*
	Assessment tools: *38 couples drawn from community -based population, identified by screening case records.*
	Finding: *Father experience significant levels of anxiety and PTSD.*

Author, Year & Title: *Fatima Serano & Maria Luisa Lima, 2006.* ***"Recurrent Miscarriage: Psychological and relational consequences for couples"***	***Study Design:*** *Quantitative study*
	Study Aim: *To access the psychological morbidity of fathers and identify the risk.*
	Recruitment: *Clinical*
	Assessment tools: *30 couples answered a set of questionnaires including "impact of event scale", "Perinatal grief scale", "intimate relationship scale".*
	Finding: *Men do grief, Sexual changes, Quality of communication and quality of sex life for men.*

Author, Year & Title: *Anna Liisa Aho, Marja-Terttu Tarkka, Päivi Åstedt-kurki, & Marja Kaunonen, 2009.* ***"Fathers' Experience of social Support After the death of a Child".***	*Study Design: Qualitative content analysis.*
	Study Aim: *Describe fathers' social support networks***.**
	Recruitment: *Open- end question and Interviews*
	Assessment tools: *8 Fathers who lost their child under 3 years old*
	Finding: *Social support networks varied amongst fathers over time, there were both negatives and positives of all supports. Fathers also experienced social isolation and isolate themselves.*

Author, Year & Title: **Marcus B. Weaver-Hightower, 2012.** *"Waltzing Matilda: An Autoethnography of a Father's Stillbirth".*	**Study Design:** *Autoethnographic Essay.*
	Study Aim: *Self-reflection*
	Recruitment: *Self-reflection*
	Assessment tools: *Self-reflection*
	Finding: *Avoiding emotional expressions, recognition of the baby and collecting mementos were important.*

Author, Year & Title: Shari Bonnette & Alex Broom, 2012. **"On Grief, Fathering and the Male role in Men's Account of Stillbirth"**	**Study Design:** *Qualitative analysis*
	Study Aim: *How fathers engaged with their stillbirth babies and perceived the legitimacy of male grief.*
	Recruitment: *Snowball, Newsletter and Advertisement*
	Assessment tools: *Qualitative interviews of 12 men, who experienced stillbirth.*
	Finding: *Men's identity as fathers to the stillbirth baby, developing ongoing relationship, expression grief in the context of stillbirth, Cultural constructions and the male role.*

Author, Year & Title: Maureen C Kelley & Susan B Trinidad, 2012 **"Silent loss and the Clinical encounter: Parents' and Physician's experiences of Stillbirth"**	**Study Design:** *Qualitative analysis*
	Study Aim: *Evaluate supportive intervention and to investigate parent and clinician encounters.*
	Recruitment: *Secondary analysis*
	Assessment tools: *Parents who experienced stillbirth.*
	Finding: *Parents reported their grief was felt deeply and was not socially recognised, clinician considered stillbirth was less traumatic.*

Author, Year & Title:	Study Design: Qualitative Content analysis
Joanne Cacciatore, Kerstin Erlandsson & Ingela Rådestad, 2013.	Study Aim: To evaluate fathers' experience of stillbirth and psychosocial care.
	Recruitment : Questionnaires Open-end questions.
"Fatherhood and Suffering: A Qualitative exploration of Swedish men's experiences of Care after the death of a Baby"	Assessment tools: Questionnaires posted to home of men and collected data for 2-year period with 113 fathers being respondents.
	Finding: A majority of fathers expressed their gratitude in respect to the treatment of their still born baby, both Fathers and babies were validated, Provided timely information and support.

Author, Year & Title:	Study Design: Phenomenological Study.
Nathaniel J Wagner, Colin T. Vaughn & Victor E. Tuazon, 2018	Study Aim: To examine the lived experiences of fathers who experienced stillbirth.
	Recruitment: Sampling personal contacts, social media and snowballing.
"Fathers' Lived Experiences of Miscarriage"	Assessment tools: 11 Father participated and discussed personal experience.
	Finding: 6 themes come into view expectation of fatherhood, conception of pregnancy and personhood, impact of miscarriage, response to the event, support, and Disenfranchisement experience.